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DESQUAMATIVE INFLAMMATION OF THE MEATUS AUDITORIUS EXTERNUS, MEMBRANA TYMPANI, AND MIDDLE EAR.

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Owing to the mistakes made by the young physician when this class of desquamative inflammation of the epidermic layer of the ear present themselves, I consider it of importance that they should have some more definite information in regard to this class of disease of the ear, as it is almost always either omitted or confounded with accumulations of cerumen; indeed, when first observed, it is, in nearly all the ordinary cases, a deep layer of epithelium covered with a layer of cerumen, and until this layer is removed, the true character of the disease is not discovered. I will, therefore, report a few cases which will illustrate its various forms.

Case 1. I. W., aged 35, a paying teller of a savings bank, and closely confined to a heated office all the morning, yet fond of driving in the open air in the afternoon. He has been troubled from time to time with fullness in and about the ears, with deafness in the right ear, the result, he thinks, of cold air striking on that ear, owing to the opening and shutting of the door of the bank. The gentleman would relieve himself temporarily by picking a white mass from the auditory canal. In September found his deafness in the right ear so great that when spoken to in an indistinct or

low tone he could not hear, so that he had to turn the left ear. He has had some pain in the upper part of the ear and temporal region, extending at times deep into the interior of the ear. The tinnitus was very distressing, and much increased during the night, so that it was difficult for him to get to sleep, causing restlessness, and on awaking was not refreshed. On account of the pressure of his duties at the bank, he had not, up to this time, been able to take a holiday for treatment.

On testing his hearing, a watch could only be heard two inches from the ear. The tuning-fork placed on the head was heard very loud in the right ear. Upon examination the auditory meatus was filled up with a white-gray firm mass, especially at the junction of the cartilaginous and bony portions of the anterior portion, where it was very dry. After removing a portion of it, the patient was directed a warm solution of bicarbonate of sodium (xx. grs. to 3j. of equal parts of glycerine and water), applied warm 15 minutes, three times daily, and to close the meatus with a pledget of cotton.

I also directed him the following ointment: hydrarg. oxidi flav., grs. ij.; vaseline 3ij.; morphia sulphatus, gr. ij. To be applied by means of a pledget of cotton on the end of a pointed piece of wood, introduced and rotated not allowing the cotton to remain, but putting in its place a woollen pledget, with which the patient is able to hear; also assisted in keeping the parts moist. By washing and picking out the white mass from time to time with the use of the forehead mirror, I gradually removed, piece by piece, the diseased epithelium scales, which floated in the water like

moist paper, and presented none of the yellow or brown fatty appearance so characteristic of cerumen.

It was so brittle, that when caught by the forceps only a part would remain in the blades. When the adherent mass had been removed from the junction of the bony with the soft parts of the meatus, there was found a cavity containing pus, running upwards and inwards, which clearly indicated the point of pain. In most of the cases which I have studied, pain in the ear is the exception and not the rule. It was not for many weeks that this abscess from the pressure and irritation of this tumor-like mass gradually healed under careful cleansing, and the use of a strong solution of nitrate of silver applied to the part by means of cotton on a platinum wire introduced on a Gruber tenetome handle. I directed the patient to employ at home a solution of x. grs. sulph. carbolate of zinc to the $\frac{3}{4}$ j. of water by means of a pellet of cotton to the granulating surface. When at last the membrana-tympani was seen and the middle ear inflated, it was found to be only slightly opaque, having been treated in time. It was only when the last of the false membrane was removed and parts relieved from their water-logged condition, that the intense tinnitus aurum ceased.

The hearing was not much improved until the month of November, when the membrane became free, dry, and assumed its normal healthy aspect. He was then directed to use, as a precautionary measure, the ointment before mentioned and the pledget of clean wool in his right ear when riding in his carriage, or street cars, or walking out in bad weather. As a rule, in pleasant weather or indoors, nothing should be kept in the ears; but if the parts are very sensitive, or there is a perforation, a small, loose pledget of carded, clean wool is the best agent to employ, as it never packs.

Case 2. R. W. C., aged thirty-seven, applied at my office January 9, 1884. He is by occupation a druggist; from the State of Delaware; unmarried, and father and mother living. Neither of them is deaf. He has a brother who suffers somewhat from catarrhal deafness. The patient's general health is good. The right ear is the one affected, and the duration is three years; it followed an attack of pneumonia. He has no pain or discharge. Has singing, bell-like sounds all day, and at night it is like the blowing-off of steam. Has employed various agents in the ear recommended by friends, as glycerine, sweet oil, etc.; and under the direction of a physician, it was syringed out several times. Examination re-

vealed the epithelium of the meatus thickened and altered. The membrana tympani slightly opaque and sunken, and the eustachian tube closed. Hearing distance of the right ear by a thirty feet watch only on close contact. The mucous membrane of the nose tender and swollen. The patient is subject to rheumatism.

Diagnosis.—Desquamative inflammation of the epithelium lining the auditory canal extending to the membrana tympani.

Treatment.—Removal of the diseased epithelium by means of the alkaline solution. After numerous applications, the whole of the foreign material was removed, when the surface of the auditory canal was found red, abraded, and tender, and membrana tympani opaque. The unguentum, hydrarg., oxidem flav., with tonic and astringent applications to the membrana tympani, was continued, and gradually the hearing improved. By the 18th of February, when the eustachian tube was free, he heard the ordinary watch at nine feet.

Case 3. This patient was Thomas G. R., aged 38, a salesman in a large dry goods house in Philadelphia. He applied on May 16, 1882, and reported himself well, with almost perfect hearing, January 1, 1884, and no accumulation since July, 1883. In this case one membrane was perforated from the pressure. During the year 1883, the second drum-head was perforated, being very thin, while bathing at Cape May. The treatment in this case was the same as in the two before reported, only in this case the discharge was always brownish in color, from broken-down blood corpuscles.

There were also large accumulations of dry and desquamative material which took place along the sides of the meatus, and which had to be removed with considerable force by the forceps, leaving the parts tender from the removal of the diseased epithelium.

Dr. L. W. Fox, of this city, saw this last case when I was absent from the city during the summer of 1882. In this class of cases, after the inflammation has been apparently relieved, and we think our patient cured, there remains a strong disposition to relapse for a long time. The relapses take place from various causes, but most generally they occur during the spring, autumn or winter, and are frequently the result of a cold in the head, or from exposure. These relapses are to be carefully guarded against, as a growth of connective tissue is apt to take place in the middle ear, which impairs the power of vibration of the membrana tympani, and the bones of the ear causing more or less permanent deafness. Is

these cases, in which there is a perforation and an opportunity for a post-mortem, the mucous membrane of the middle ear is found much swollen in consequence of interstitial serous effusion, mixed with exudation cells, and it is sometimes ecchymosed; the fibrillæ of the connective tissue stratum are forced asunder in the form of a network by the exudation (Wendt). The epithelium is opaque and swollen, and in places raised and peeled off. The free effusion into the middle ear consists of a thick opaque fluid mucous and pus cells, and by the tearing of blood vessels in the case of very sudden exudation, a great number of corpuscles are sometimes present. The exudation is not always fluid, but sometimes firm and tough. The following is the appearance of the *membrana tympani* in the acute stage of secondary attacks or relapses: the cartilaginous meatus is swollen and tender, with uniform congestions along the superior wall of the *membrana tympani*; also on the periphery and along the handle of the malleus, while between the handle and the periphery the parts are lustreless and gray by saturation with serum.

In the cases of rapid exudation the epidermis will sometime appear cracked, or in some instances blisters are seen, which burst after a short time, and pour out a serous or reddish fluid into the meatus, or inter-lamellar abscess may form. (Eysell.)

This form of ear disease, if promptly and properly treated, is very amenable to treatment, as in the first case; but should it become chronic, it will continue, as in the last case, from childhood, and may destroy the hearing entirely.

From a careful microscopic examination, several years ago, by Dr. Shaplinger, of New York, of a mass of this material supplied from one of the cases which we have reported, he stated that it contained no fungus, but consisted of large epithelium cells, with only a small quantity of crystals of cholesterolin. We are therefore justified in rejecting the term *cholesteatoma* as distinctive of their character, in order, as was well observed by Lucae, to avoid confounding them with cysts containing cholesterolin, or pearly tumors, to which the name is more applicable.

In an experience and practice, chiefly in this special branch, of twenty-five years, I have found but comparatively few of the so-called *keratosis obturans*, noted and first described by Wreden, 1874. Not more than twenty-five in as many years, while ordinary cases of impaction of cerumen I see every year in the clinic and hospital of Jefferson Medical College are numbered by the hundreds, and are found in the proportion

of 113 in 600 cases of diseases of the ear.* Yet we do not feel like adding a new term to the present large number in use, but will class them under the general term of Desquamative Diseased Conditions in the Ears. It is a well recognized fact, that in almost all inflammatory affections of the external ear, auditory canal, and surface of the *membrana tympani*, which is lined by skin, there is more or less desquamation, and in some cases the canal is filled with this gray-white or yellowish-white epithelium in the form of flakes or laminae; and when neglected or improperly treated, the lamina becomes united by fine crystals, and hard and indurate to such a degree that it requires weeks to remove them. The pressure which this makes first on the malleus, is soon transmitted to the stapes, causing the most distressing noises and deafness, and ultimately ankylosis of the bones.

I have had recently two cases, 4 and 5, of hypertrophy and hardening of the epidermic layer of the auditory canal and *membrana tympani* under treatment, and they might well be termed "*keratosis obturans*," from the hardness and great difficulty of removal.

Case 4. Mary M. G., aged 15, Clearfield county, Pa. The duration of the first was ten years, the result of whooping-cough. The peculiar cough remained until removed, by removing the cause. When first seen she could only hear the small clock, thirty feet, when placed in contact with the left ear, and ordinary tone voices not heard in that ear. The deposit I have been able to remove by dropping softening alkaline solutions for three weeks, and the use of either glycerine and acetic acid with the careful use of the probe and forceps the parts illuminated by the forehead mirror. When the hardened deposit had been removed, I found the *membrana tympani* opaque. November 6, *membrana tympani* clearing and free, hearing improved to five feet, and hearing of voice much improved.

Case 5. Applied at the Aural Clinic, Jefferson Medical College Hospital, October 7, with the following history: John I., aged 45, residence Philadelphia, a worker in the dock, deaf for five years. The hearing distance of right ear only $\frac{5}{16}$ inches for a twenty-foot watch. The left only on contact. The tuning-fork not heard in air, but on the bones of the head and teeth. Has never had a discharge nor pain in the ears. The noises in his head he observes like wind in a storm. The right *membrana tympani* very opaque.

*See tables in author's work on "Diseases of the Ear," J. B. Lippincott & Co., Philadelphia.

sunken, no umbo or handle of malleus seen. The left meatus filled with a hard, tough, yellowish-white deposit, and no impression was made upon it by syringing with an alkaline solution. This differed from a plug of cerumen which I show you, which, after a few days' softening by means of the same solution or warm glycerine, is washed out at once or at least in two operations.

November 4. After the application of the curette and eleven injections during a month of an alkaline solution, the diseased product was removed in two parts, one being a cast of the side of the meatus, and the other, the almost entire covering of the skin of the membrana tympani. The eustachian tube was opened by the catheter and vapor of ether introduced into the middle ear. Politzer's air-douche did not inflate the tube. On testing his hearing, it had improved ten feet. This patient presented himself at my clinic a second time after the operation with still improving hearing.

The opacities following this diseased condition can be distinguished from those caused by disease of the mucous layer, since in the latter the handle of the malleus is distinctly visible while it is almost invisible in cases of great thickening from this cause.

What we desired to make clear to the member of the Society* was that in his two cases of "keratosis obturans" (Wreden) presented by him as a part of his paper on "Otitis Desquamativa," was that in these rare cases there were circumscribed hypertrophy and cornification of the epidermic layer, both of the auditory meatus and membrana tympani, so that the cerumenous glands and the linear-shaped papillæ (Gerlach) in the deeper part of the canal had become obliterated and so failed to secrete the necessary natural lubricating materials. Politzer† states that he found in a syphilitic woman, forty-five years of age, a case of this rare disease in which the epidermic layer had become hypertrophied. She was also suffering from a chronic inflammation of the middle ear. Behind the umbo there was a pointed, horny growth of about two millimeters in height, with a crater-like depression at its point, which could be removed neither by dropping softening fluids upon it, nor by a vigorous use of the probe. Beneath this peculiar formation we rarely find the membrana tympani normal in appearance; it is almost always more or

less diseased, and normal hearing is very rare, so that the prognosis must be very guarded, unless the case is of recent occurrence.

We have, since the last meeting, November 19, subjected the mass removed from one of the cases of the disease known as keratosis obturans to the action of glycerine and water, and yet it is not dissolved, while the other specimen, from a case of desquamative otitis, in which the disease had not involved the deep-seated lamina, contained mixed with it, the cerumenous material, which has been all dissolved out of it, showing at the bottom the slightly-enlarged epidermic scales so often met with; and later, by ether, the fatty matter has been removed in this last specimen.

Case 6. Obstinate case of desquamative otitis media, chronic, cured. Susie T., Milford, N. J. This young girl, when in her seventh year had a most severe attack of malignant scarlet fever in 1879, and was first seen in March, 1880. There was entire loss of one membrana tympani or drum head, and but a remnant of the other. The meatus of both ears was swollen and covered with a deposit of diseased epithelium, scaly masses mixed with muco-pus, which was removed by a delicate scoop and by wiping out with absorbent cotton and cosmoline. While performing this simple operation, she became so faint and sick that I had to lay her down and open the window of my office, she was so very feeble and nervous, and her heart beat in the most violent manner. The ears were treated after careful cleansing by boracic acid and various other agents, but chiefly by this acid in powder or solution. She was directed the syrup of lacto-phosphate of lime to build up her broken-down constitution. Tincture of digitalis was employed to quiet the action of her heart, using various tonics at intervals, and at times having to administer the emulsion of cod liver oil, iron, and sulphate of quinia. This latter valuable remedy was given in large doses during the whole course of the treatment, with the best results, as she lived in a malarious region. The perforation in the right ear healed first, and ultimately the perforation in the left ear closed over. There were frequent relapses, which received long and careful treatment, but I saw this patient during the spring of 1884, with her health and hearing entirely restored and free from all discharge.

Case 7. E. M., aged four years, Clearfield Co., Pa., applied June, 1883, at my office; has suffered from a desquamative inflammation in his left ear since the age of ten months, and, according to the statement of his mother, lay for three

* Philadelphia County Medical Society, clinical meeting of November 19 and December 19, 1884.

† Politzer's Text-Book of the Diseases of the Ear, p. 210. H. C. Lea & Co., Philadelphia, 1883.

years after an attack of malignant measles entirely helpless and a perfect skeleton, with no hopes of recovery. At the end of four years, a friend, who had been a patient of mine, advised them to bring the boy to Philadelphia. The boy was small of his age, thin and feeble, and unable to articulate but a few words, as "Mamma" and "ho-ho." He was lame on one side from weak spine. The left ear was filled with altered secretions, while the side of the meatus was covered with dried pus and diseased desquamative epithelium; he was very deaf, and only could hear a loud familiar voice. His right ear began to discharge in 1881, from the extension of the naso-pharyngeal disease through the eustachian tube; both the left and right membrana tympani were perforated; in the left membrana tympani almost three-fourths had gone, while in the right there was only about one-fourth lost. After cleansing the ears, opening the eustachian tubes, and attending to the nose, directions were given to the mother, who was young, but capable of carrying them out. He was directed an emulsion of cod-liver oil, made with lime water, in which was quinine, with alternate doses of syrup of iodide of iron; an ointment of the yellow oxide of mercury and vaseline to be applied to the nose after careful cleansing, and the following wash was for the ears after all foreign matters were removed:

B. Acid boracic, pulv.,	3ss.
Glycerine,	
Spts. vin. rechm. absoluta, aa	f. 3j.
Aqua,	3iss.
M. f. sol.	

S.—Drop in the ear warm, after wiping out. Then with finely-powdered boracic acid blown in the ear through the day, after eleven months, May 14, 1884, he returned, the discharge from the ear none; membrane restored in both ears. Hearing almost normal, discharge still from the nose, and still somewhat lame; able to talk so as to be understood by any one. He continues alternative treatment, with boracic acid and liquid cosmoline, to the nose. The use of syrup of hypophosphate for spine, with massage and olive oil to the body and limbs.

Case 8. This patient, Helen G. M., from Trenton, N. J., visited me January 10, 1882, at the recommendation of patient 6. She was in her sixth year, and had been suffering for twelve months with impairment of hearing, with discharge of broken down pus and desquamative epithelium. This was caused by one of the most severe attacks of scarlet fever, followed by a series of large abscesses, and her life was for a time despaired of; but by careful medical attendance and

a devoted mother's care, she recovered sufficiently to come to Philadelphia, being still in a weak, delicate, and nervous condition. The meatuses were filled with dried and hardened masses of pus and mucous, mixed with scales of epithelium, only a slight rim of the drum head remained. She had, as in case 6, thickening and swelling of the mucous membrane of the mouth, throat, nose, and eustachian tubes. She was treated by cleansing agents, stimulants, and astringents; but the treatment of the ears was by the mop of absorbent cotton, and once in a long while was the syringe employed. When dry pus and a mixture of the acid had to be removed, this was accomplished by a warm solution of bi-borate of soda. In these and numerous other cases, resorcin was tried alone, and in combination with chinoline and boracic acid, but the former in every instance increased the irritation and discharge, and gave the patient pain.

(To be continued.)

THREE CASES OF IDIOPATHIC ANÆMIA, WITH REMARKS; AND AN ANALYSIS OF THE CASES HITHERTO PUBLISHED IN AMERICA.

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(Continued from page 583.)

ANALYSIS OF THE CASES OF IDIOPATHIC ANÆMIA RECORDED IN AMERICA.

The following tables of cases are meant to show, in a compact form, the peculiarities of idiopathic anæmia as seen in America. They have been modeled after the admirably arranged table of Pye-Smith in the Guy's Hosp. Rep. (1882). An attempt has been made to separate the cases of myelogenic pseudo-leukæmia, or so-called idiopathic anæmia, in which a change in the bone-marrow has been observed, from the true idiopathic cases. For, on the one hand, some teach that this change is secondary to the anæmia; others believe it to be a separate affection entirely, a cytogenetic anæmia, idiopathic anæmia likewise existing; while still others doubt entirely the existence of idiopathic anæmia, believing it to be a pseudo-leukæmia. The first table, therefore, will conform to the criteria of idiopathic anæmia, laid down by Pye-Smith, in order to supplement his collection. Cases of secondary anæmia, and of cytogenetic anæmia, will be excluded; the anæmias which developed in the puerperal period on account of hemorrhage, will also be excluded.

In the formation of the table, care has been taken to exclude all cases which might be considered doubtful. Those are included only, with a few glaring exceptions, which either had had a blood enumeration during life, or whose nature was determined by an autopsy. It is not to be presumed that all cases of this disease observed in America will be found in the table; only those cases which have been fully recorded:

TABLE A.—CASES OF IDIOPATHIC ANEMIA IN WHICH THERE WAS AN ABSENCE OF CHANGES IN THE BONE MARROW, OR ITS APPEARANCES WERE NOT RECORDED.

No.	PHYSICIAN, DATE OF PUBLICATION AND REFERENCE.	SEX AND AGE.	ANTECEDENT CONDITIONS.	SYMPTOMS.	DURATION.	RESULTS OF TREATMENT OR AUTOPSY.
1	Channing, N. E. Quart. J. of Med. and Surg., 1842.	M.	No causal antecedents.	Anemia.		No lesions. Bloodlessness.
2	Idem (ibid).	F., 25	Pregnancy. Healthy in pregnancy. Labor, third child, normal. No hemorrhage.	Robust appearance. Increasing pallor, surface like wax. Nausea, vomiting, diarrhoea. Fever. Pulse 120-140. Cardiac palpitation; syncope attacks. Dyspnoea. Delirium. No albumen.	16 days after confinement.	Autopsy—"Adipose membranes full of fat, serous effusions. Heart, pale and flabby; no blood flowed on division of vessels. Blood small in quantity, pale liquid, uncoagulated. Spleen rather large.
3	Idem (ibid).	F., 29	Pregnancy. Three pregnancies previous. Healthy in pregnancy. Last confinement normal. No hemorrhage. Free secretion of milk, which disappeared in third week. Mammary abscess which discharged the third week.	Debility, pallor; constipation. "Sounds in the head like sawing wood."	7 weeks after confinement.	Autopsy—Whitish coagula in long sinus; ecchymoses of internal surface of dura mater. Heart moderately firm, some quite soft, light-colored coagula in both sides. Blood unusually pale.
4	Pepper, Am. Jour. Med. Sci., 1875.	F., 28	Single. Hard worker. No privation. Malaria (?)	Irregular fever; edema; gastric disturbance; palpitation; hemic murmurs, hemorrhages; somnolence; coma, death. No enlargement of spleen or lymphatic glands. No albuminuria. Red cells reduced in number.	4 months under observation.	No autopsy.
5	Idem (ibid).	M., 57	Vague symptoms of failing health. Slight sunstroke; jaundice; temperate; good circumstances.	Rapid failure in strength, and progressive anemia; dyspnoea; palpitation; nausea, vomiting; slight edema; hemic murmurs; very slight fever; slight emaciation; no albumen, delirium. Blood thin and dirty red; r. c. decreased.	14 months from first failure of health. Actual duration, 3½ months.	Autopsy—No affection of lymphatic glands; slight enlargement of spleen; fatty degeneration of heart, liver, and kidneys. Anemia.
6	Howard, Trans. Internat. Med. Cong., Philadelphia, 1876. (Date 1st case, 1871).	M., 41	Forward merchant; healthy until two years before; gradual loss of strength and color. Temperate.	Average nutrition; sallow, white, and then dull yellow color of face; no hemorrhages; distress after eating. (Edema of feet and scrotum; no albuminuria; anemic murmurs; pulsating jugulars. Suspected carcinoma of stomach. No excess of white corpuscles.	About 2 years and 2 months.	Autopsy—Spleen, liver, heart, and kidneys normal. Slightly enlarged mesenteric glands. Blood not coagulated. Organs bloodless. Serous effusions.
	Idem (ibid).	M., 37	Wholesale fruit dealer. Ague sixteen years previous. Change in color since residence in Montreal (8 years). Recurrence of former tendency to slight diarrhoea on simple cause.	Extreme pallor surface and mucous membranes. No emaciation. Venous and cardiac anemic murmurs. Blood watery, pale red; no excess of white corpuscles. Slight fever. (Edema of legs. No albuminuria or organic disease.	Uncertain.	No autopsy.
8	Idem (ibid).	M., 53	Bookkeeper; healthy; not robust. 1872, slight diarrhoea. April, 1874, indigestion which continued, in a mild form, all the year.	Extreme anemia; straw-colored skin. Dyspeptic symptoms. Cardiac anemic murmurs. (Edema. No albumen. Delirium, fainting spells, dyspnoea; palpitation. Blood thin, watery, white not increased, red lessened. After death, blood showed small red cells.	One year from first consultation.	Fatty heart, normal liver. Atrophied spleen and lymphatic glands. Serous effusions. Calcareous masses in lungs.

9 Bradford, Boston Med. and Surg. Jour., July, 1876.	F., 11	Healthy good; well fed; good family history.	No emaciation. Anemia. Heart, liver, spleen and glands normal. 714,145 red cells per c. mm., 1 w. to 250 red. Much variation in size; all rather too small. White abnormally granular. Hemorrhage from lungs and mouth. Cerebral symptoms.	About 71 days.	No autopsy.
10 Chadwick, Boston Med. and Surg. Jour., Jan., 1875.	F., 32	Puerperal flooding.	Cardiac bruit; slight fever; vomiting.	12 weeks.	Fatty heart, capillary hemorrhages in brain.
11 Hutchinson, J. H., Philadelphia Med. News and Lib., 1879, xxxvii.	M., 50	Minor. Grief at loss of wife. No antecedent causal disease. Family history good.	Anemia. Dirty yellow complexion. Dyspnoea; nausea. Basic cardiac and venous murmurs. No albumen. Spleen and lymphatics not enlarged. Diminution of red cells. No increase of white. No retinal hemorrhage.	Unknown.	Improved; relapse; subsequent death from anemia (private communication).
12 Cary, Buffalo M. and S. Jour., 1880-1881, p. 293.	F., 22	Suppression of menses by cold 3 months previous. No syphilis.	No emaciation. Profound anemia. Fever. Pulse 110. No organic disease. Rapid and extreme exhaustion.		Direct venous transfusion. Cure.
13 Henry, Cartwright Prize Essay (reprint, 1881, p. 36).	M., 40	Carpenter. Intemperate in sexual intercourse and the use of stimulants. Family history good.	Pallor; emaciation. Progressive weakness. Slight fever. Heart, lungs, liver, and spleen normal. No albumen. Mental debility, slight delirium, coma. Retinal hemorrhages. No r. c., 525,000 per c. mm., 1 w. to 105 r.	About 25 months.	No autopsy.
14 King, J. S., Can. Lancet, 1881-1882, xiv, 383-386.	F., 27	Fever; dyspeptic symptoms; hemitic murmurs. No albumen. 625,000 r. c. per c. mm.	Liver and spleen normal. Blood pale and watery. Irregularity in shape, and some in size, of red corpuscles. 625,000 r. c. per c. mm. No giant corpuscles, or Schultze's masses.	Uncertain. 26 weeks after confinement.	No autopsy.
15 Edes, Boston Med. and Surg. Jour., 1882, cvii, 457.	M., 25	No previous debilitating or depressing influence.	Pallor mucous membranes; skin yellow. No emaciation. Purpura, vertigo, noises in head, delirium. Diarrhoea. Dyspnoea. Vascular murmurs. Retinal hemorrhages. Blood pale and watery; r. c. 800,000 and 670,000 per c. mm. Not much deformed. A few microcytes. No albumen.	7 weeks.	Autopsy — Fatty heart. Ecchymoses under serous membranes and in brain. Fatty liver and kidneys. Marrow normal microscopically. Spleen normal.
16 Bierwirth and Alb., Am. Jour. Oph., St. Louis, 1884-5, i, 147-149.	F., 23	Poor health; 4 years married; menses regular.	Blood pale and watery; r. c. larger and paler than normal. No rouleaux. No increase in white. Retinal hemorrhages.		Improved under treatment.
17 Graham, Canada Pract., 1884, ix, No. vii.	M., 30	Farmer. Married.	Pallor. Emaciation. Temporary paralysis, lower extremities. Gastralgia. Pale, greenish countenance. Fever. No organic disease. 1,000,000 r. c. per c. mm.	10 months.	No autopsy.
18 Idem (ibid).	M., 47	Tannery business. Good family history.	Pale, yellow countenance. Slight emaciation. Debility. Dyspeptic symptoms. Cardiac bruit. Dyspnoea. Fever. Edema. 1,500,000 r. c. per c. mm. Irregular caudate in shape.		Improved with Fe. and quinia.
19 Idem (ibid).	M.	Attributed disease to catching cold, lying on grass in perspiration.	Pallor. Slight emaciation. Dyspnoea. Anemic murmurs. Edema. 1,380,000 r. c. per c. mm. Irregular in outline, elongated, and presenting projections.		Cured.

TABLE A.—CASES OF IDIOPATHIC ANEMIA IN WHICH THERE WAS AN ABSENCE OF CHANGES IN THE BONE MARROW, OR ITS APPEARANCES WERE NOT RECORDED.—Continued.

No.	PHYSICIAN, DATE OF PUBLICATION AND REFERENCE.	SEX AND AGE.	ANTECEDENT CONDITIONS.	SYMPTOMS.	DURATION.	RESULTS OF TREATMENT OR AUTOPSY.
20	Hamill, R. H., Philada. (private communication).	F., 81	Married. Three children. Anemic symptoms noticed sixth month of gestation. Parents healthy.	Pallor extreme. Anemic murmurs. Edema. Copious menstrual flow. Vomiting and diarrhea. No albumen. Progressive course. Liver and spleen normal.	Uncertain.	Fatty heart and kidney. Echinocytes and serous effusions. Spleen slightly enlarged.
21	Shattuck, G. B., Boston M. and S. Jour., Jan., 1885.	M., 33	Farmer. Parents died of phthisis. Aneurysm two years previously. Habits good. No depressing influences. No syphilis.	Debility. Physical signs subacute pneumonia. Pallor extreme. Emaciation. Epistaxis. Retinal hemorrhages. Spleen enlarged slightly. Fever (97½° to 102°), 395,000 r. c. per c. mm., 1st count; 1,150,000 r. c. per c. mm., 2d count; 3,025,000 r. c. per c. mm., 3d count.		Cured. Aseptic in increasing doses. Early diagnosis, phthisis. Cardiac bruit absent.
22	Curtin, Phila. Co. Med. Soc., Trans., 1885.	F., 38	Great shock, 3¼ years previous to anemia.	Pallor. Debility. Emaciation. Palpitation. Dyspnea. Vascular murmurs. No albumen. Occasional vomiting; constipation. No blood count. Suppression of menses.	Anemia 1 year.	No autopsy.
23	Idem (ibid).	F.	Shock, 3½ years previous to anemic manifestations.	Pallor. Debility. Anemic murmurs. Dyspeptic symptoms. Indigestion. Slight diarrhea. Palpitation. Dyspnea. No albumen.	3½ months.	No autopsy.
24	Hinsdale (private communication). Case to publication in Am. Jour. Med. Sci., April 1885, in full.	M., 22	Bar tender. Used stimulants freely. Previous health excellent. No syphilis.	Pallor. Yellow conjunctiva. No emaciation. Constipation. Anemic murmurs. Retinal hemorrhages. Spleen enlarged in vertical line. No enlarged lymphatic glands. Fever 98.5-100° c. No albumen. 1st count: 800,000 r. c. per c. mm., 2d count; 4,500,000 r. c. per c. mm., 3d count.		Cured. Aseptic in increasing doses.
25	Haven, H. C., Archiv. Pediatr., Dec. 15, 1884.	F., 10	No family history. At four years peritonitis and measles. Illness began six weeks before admission.	Pallor. Debility. Vomiting. Diarrhea. Edema. Hemorrhage. Liver, spleen, and lymphatics not enlarged. Heart normal. Venous hum, and arterial murmurs. Irregular fever.		Autopsy.—Serous effusion. Cytogenetic organs normal. Fatty heart and kidneys.
26	Musser (Case I, supra).	F., 42	Shock, 5 years before death. Married. No children. Hard worker. No depravations. Family and personal medical history good.	Pallor, sallow. Not emaciated. Edema. Hemorrhages. Vascular bruit. Cerebral symptoms. Dyspepsia. Palpitation and dyspnea. Reduction of red cells. No albumen.	Anemic symptoms 1 year.	Autopsy.—Fatty heart. Serous effusion. Echinocytes. No lesion of marrow. Iron reduced in blood.
27	Idem (Case II).	M., 41	Hard worker. Moderate circumstances. No depravations.	Anemia pronounced. 1,600,000 red cells. Dyspnea and palpitation. Slight albumen; no casts.	Over 2 years.	Cured. Iron, rest, food, etc. Relapse. Permanent cure.
28	Idem (Case III).	M., 44	Saloon-keeper. Use liquors freely. Not deprived of life's comforts. Good family history.	All usual anemic symptoms rapidly develop, and pronounced; r. c. 570,000 per c. mm.; irregular in shape, increased in size.		Improvement. Relapse. Subsequently case lost sight of.
29	Bruen, Medical News, Philadelphia, 1884.	F., 47	Metrorrhagia; malaria. Fast life.	Pallor; yellow tint; dyspeptic symptoms. Spleen enlarged. 600,000 r. c. per c. mm. Change in shape of cells. Vascular bruit.		Improvement. Bichloride of mercury.
30	Bellings, F. A., Pacific M. and S. Jour., 1879, xxi, 504-509.	M., 65	Retired plasterer. Yellow fever in early life. Good habits.	Pallor; edema. No emaciation. Spleen, liver and glands normal. No albumen. Hemorrhage once. Constipation; dyspeptic symptoms; coldness and numbness most marked symptoms. Mental hebetude to coma.	About 18 months.	No autopsy.

(To be continued.)

HOSPITAL REPORTS.

WESTERN PENNSYLVANIA HOSPITAL.

SERVICE OF W. J. ASDALE, M. D.

[Reported by WM. H. MEKCUR, M. D.]

Case 1. Congenital Deficiency of Vagina (Atresia Vaginæ), With Rudimentary Development of Uterus.

The patient, M. B., a colored woman, aged 24, single, cook, was admitted to the hospital, and gave the following history: She thinks she has some "female weakness." Says she began to menstruate when about 13, at which time she was quite unwell for nearly a week, confined to bed, and suffered a great deal of pain, but lost very little blood. After the discharge had ceased, lingering pains were present in the lower part of her abdomen, which disappeared, however, before the next menstrual period. Each succeeding menstrual occasion was ushered in by severe paroxysms of pain, which varied more or less in intensity until quite recently, when they became so severe as to incapacitate her entirely for the time being for her work, and led her to seek treatment here. Medical assistance had often before been sought, but the remedies prescribed brought no relief. A vaginal examination, now for the first time made, revealed the following interesting condition: The finger could be introduced at most two inches, when it impinged on a smooth, firm arched membrane stretched apparently across the vagina. The os uteri could not be felt. The woman was placed in the genupectoral position, and a Sims' speculum was introduced. The membrane was now fully exposed, and no openings could be seen in it, but three minute red spots were observed about its centre or summit. Dr. Asdale, after patient trial, succeeded in passing a delicate silver probe through one of these spots, the probe passing apparently into a small cavity, as it could be freely moved about. Probes of larger size were immediately and successively introduced, and finally Atlee's smaller dilator was passed, the blades separated as widely as possible, and by the use of scissors an incision about an inch in length was made, permitting the discharge of a small amount of viscid mucus. A finger was then introduced into the opening, but the uterus could not be felt. The opening was then packed with absorbent cotton sprinkled with iodoform. At a subsequent examination, a No. 8 steel sound was introduced into her bladder, the beak turned backwards, and with the finger of an opposite hand passed into the rectum, the sound could be distinctly felt touching the anterior wall of the bowel, this manœuvre demonstrating the absence of the uterus from its normal position; the beak of the sound in this instance sweeping over the fundus of a womb rudimentary in size and strongly retroverted. The treatment in these cases, which is palliating, merely, consists in an endeavor, by packing, to enlarge and keep permanently open the incisions thus provided; the results are generally, however, nugatory.

Case 2. Ovariectomy.

The patient, M. F., primipara, aged 32, was

sent to this hospital with the diagnosis of "nervous prostration." She has been, she stated, considerably reduced in flesh. She complained of frontal headache, languor, loss of appetite, and sleeplessness, and was much depressed in spirits; disposition nervous, and at times slightly hysterical. Auscultation and percussion revealed no abnormal state of heart or lungs. As she menstruated regularly and painlessly, and as no special symptoms referable to the genital or other pelvic organs were complained of, no vaginal examination was made at the date of her admission. She was permitted to take rest in bed at her pleasure; good nutritious food was ordered for her, also a tonic containing iron and phosphorus. No marked improvement resulting from this treatment, a vaginal examination was made by Dr. Asdale, and a small tumor was discovered in the region of the right ovary; it was mobile, regular in outline, of globular shape, and fluctuating.

Diagnosis.—Par-ovarian cyst. By bi-manual manipulation this tumor could be felt quite distinctly, although at this time scarcely the size of a walnut. Its removal was advised. A delay of a few weeks occurred before a suitable room was available, during which time the tumor perceptibly increased in size. The operation was performed by Dr. Asdale, in a private room, with few spectators, and was done in a strictly antiseptic manner, i. e., the utmost cleanliness was observed in every particular. An incision, four inches in length, was made in the middle line between the umbilicus and pubes, being, later, a little extended below. All hemorrhage was promptly checked as the operation proceeded. The peritoneum, extra-vascular in this case, was now reached, incised upon a grooved director, and its edges secured to the sides of the incision by delicate silk sutures passed out through the integument. The incision was now held agape by assistants by the use of retractors applied over small linen napkins, folded to include the abdominal wall on both sides. The hand was now introduced into the abdominal cavity and the intestines lifted and gently drawn to one side, being retained in this situation by a large flat sponge. The tumor was now brought into view, and it could be distinctly seen that it was a cyst arising from the inner border of the ovary. Its wall was thin, many large vessels marked its surface, and the right Fallopian tube, flattened and considerably congested, was stretched across it. On account of this complication, the entire tumor, including the ovary and the tube, was removed. The pedicle was secured by being transfixed by a stout double ligature, which, after being interlaced, was tied both ways, and its ends cut off short and dropped in. Everything was then thoroughly cleansed; the small silk sutures above-mentioned were removed; the edges of the wound accurately approximated and secured with silver sutures. A dressing of iodoform gauze dipped in very hot water was then applied; this was covered first with a thick layer of absorbent cotton, then with oiled silk, a flannel binder completing the dressing. The case made a rapid recovery, no rise in temperature or pulse occurring. After the lapse of a week, the dressing was re-

moved, and the entire incision, with the exception of one spot in the lower part, was found to have united by primary intention. All the sutures were removed on the tenth day. She has greatly improved since the operation, and now, instead of being emaciated, nervous, and low-spirited, she is getting fat, sleeps well at night, and is in good spirits, and is able to go back to housework again.

Pending the operation in this case, Dr. Asdale remarked: "I would like to lay some stress upon the importance of early diagnosis in these cases. Many women seek the advice of physicians, or come to a hospital invalid, and volunteering the information that they believe themselves sufferers from female weakness." This description of the case, it would seem, is expected to cover any and all manner of disability or disease of the womb and contiguous organs; and further, the physician, it appears, is expected to comprehend the situation and to meet it accordingly, and without any special investigation. The frequent use of this expression is calculated to lead the unwary physician into a habit of carelessness in diagnosis and excessive routine in prescribing. Hence, it occurs that the busy general practitioner, although conscientious and usually considerate, is sometimes betrayed into a laxness in attention to his duty in these cases, leading him to dismiss them without having any well-defined conception of the pathological condition involved. Important, even grave, lesions may thus be overlooked. Again, hasty or hap-hazard exploratory examinations in cases of obscure disease in the female, are as much to be deprecated and are as mischievous in their tendencies as is the often-iterated "meddlesome midwifery." When called to attend a female who has reached the menstrual epoch, and who suffers from severe symptoms referable to the pelvic viscera, or whose history details mild but persistent or recurring distress, which has its origin, possibly, in the womb or its annexes, it becomes your duty to ask for and make an exploratory examination, delicately, but in a "pains-taking and thorough manner." A zealous regard for your patient will not be misunderstood. Motives of delicacy, upon the part of your patient, will seldom be allowed to interfere; your services will be appreciated, and justly so, because being more intelligently and better directed. More than this, you will be rewarded by the satisfaction which you cannot fail to experience, through the application of the principles of correct diagnosis.

NOTE.—The napkins used by Dr. Asdale are of the finest linen, eight inches square, with hemmed edges, and are prepared for use by being dried out of a solution of carbolic acid. The silk sutures above referred to were used to prevent stripping of the peritoneum from the abdominal wall.

MEDICAL SOCIETIES.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Thursday evening, February 26, 1885, the President, Dr. Shakespeare, in the chair.

Synostosis of the Vertebral Column.

Presented by A. Sydney Roberts, M. D.

This specimen of synostosis, or calcareous fu-

sion, of the dorsal and lumbar vertebrae, was removed from the body of an aged man that had been sent from the almshouse to the dissecting-room of the University of Pennsylvania. The pathological character of the specimen will alone be of interest, as all facts pertaining to a personal or clinical history of the individual were unobtainable.

The vertebrae, before my attention was directed to them, had been macerated and boiled, destroying thereby all evidence of the nature of the inflammatory process that caused such extensive synostosis.

In referring to the specimen, it will be noticed that the vertebral column is held in a rigid position by a deposit of calcareous plastic material, that extends from the fifth dorsal to the sacrum. In the dorsal region, to the right of the anterior common ligament, a broad ribbon-like band of the deposit covers the bodies of the lower seven vertebrae. The same fusion exists to the left of the median line, between the seventh and ninth dorsal. It is here interrupted by an intervertebral interspace, to again appear between the eleventh and twelfth dorsal, and in first and second lumbar. The smooth, plastic character of the effusion is materially altered in the lumbar region, especially noticeable between the bodies of the first, second, and third, it is here thickened and nodular, with occasional bony stalactites, markedly contrasting with the smooth ribbon-like band of the mid-dorsal.

The vertebral laminae frequently coalesce, especially noticeable between the fourth and fifth lumbar and in the lower dorsal region. The cretaceous deposit has occurred in the structures of the intrinsic ligaments of the spine, or those short, firm bands that bind the approximating surfaces of the vertebrae together. Between the fourth and fifth lumbar and the attachment of the latter to the sacrum, the ligamentous structures are all involved by the deposit firmly cementing the superincumbent column to the sacrum.

The articulating facets of the vertebra, with but few exceptions, show evidences of chalky deposit. These margins are nodular and "frilled." Between the tenth, eleventh, and twelfth dorsal, the articulating facets are obliterated by ankylosis. The same fusion exists between the facets of all the lumbar vertebrae. The extremities of the lower dorsal spinous processes and the last two lumbar are united by ossification of the supraspinous ligament.

Corresponding with this anomalous condition of the vertebral column and its articulating facets, a similar process may be noted to have occurred at the sacro-iliac juncture; the margins of the articulating plane are here encrusted by calcareous nodules. About the margins of the articulating surfaces for the heads, and tubercles of the ribs, the same encrusting chalky concretions have been deposited.

With a view to ascertaining the nature of these plastic effusions, and in lieu of the evidence that would have established the etiology of the affection, had a careful autopsy been held, I examined portions of the deposits, with the nitric acid and ammonia test, with the hope of detecting the presence of uric acid. The results

were negative. A crystalline structure could not be detected by microscopic examination; the mass appeared amorphous, yielding bubbles by the addition of acetic acid. It was, no doubt, largely composed of the carbonate and other salts of lime. I think it may be inferred that the individual from whom these vertebrae were removed had been afflicted with chronic rheumatic arthritis, as the specimen, at least shows the characteristic, deposits of the disease.

A case of

Cyst of the Broad Ligament

was presented by Dr. C. M. Wilson.

Spondylitis of the Dorsal Vertebrae, with Miliary Tuberculosis of the Lungs.

Presented by A. Sydney Roberts, M. D., for Dr. Wm. G. Porter.

Frederick H., a gunsmith, æt. 23, a native of Switzerland, was admitted into the surgical wards of the Philadelphia Hospital, under the care of my colleague, Dr. Porter, on January 9, 1885.

He complained of general malaise, great prostration after slight exertion, and a sharp paroxysmal pain over region of sternum and about the right shoulder-blade. Had always enjoyed excellent health; his parents are healthy and living. Was a moderate drinker, and without any venereal taint.

During the latter part of Aug., 1884, five months before admission to the hospital, he commenced losing flesh without apparent cause. The symptoms of pain soon followed, located over the ensiform appendix, and a month later he was incapacitated for work by extreme weakness. Upon date of entry, a marked angular kyphosis was noticed in the mid-dorsal region of the spine. Pain was now constant in anterior portion of chest, and greatly exaggerated by motion. Vertebral column was rigid, normal curves obliterated by spasms of extensor-spinal muscles.

One week after admission an elastic swelling appeared below the inferior angle of the right scapula; rapidly losing its circumscribed character, it spread in all directions; a month later it covered the entire posterior half of the trunk, from the spine of the scapula to the belly of the quadratus lumborum, its anterior margin being defined by a perpendicular line corresponding to the pectoral fold of the axilla.

I first saw the patient February 13 (one week prior to his death), he had a rapid, small pulse, shallow respiration, dry, parched skin, and a temperature of 101°. The abscess had so covered the lump that it could only be detected by deep pressure. He grew rapidly weaker; morning temperature ranged between 99° and 100°, with an evening rise to 100°, 101°, and 102°; it did not vary from this range; the two days before death it then fell to normal (98°), and remained there. He died on February 20, 1885.

Dr. Shakespeare has presented the following report of the post-mortem:

Autopsy.—A large fluctuating abscess was noticed externally, covering the posterior portion of the trunk—extending along the spinal column from the third cervical vertebra to the first lumbar. Skin covering area of distention discolored and mottled. Upon cutting into sac of abscess

about one gallon of greenish, stinking semi-purulent fluid escaped. Dorsal muscles in region of hump dissected away from the vertebra by the burrowing of pus, and, in the main, destroyed. The scapula had likewise been separated from the trunk by the sac of abscess pushing under its inferior angle.

Distension of tissue marked on right side of column. The spinous processes of the dorsal vertebrae were freely movable at apex of lump in all directions.

Thorax.—From within, showed firm pleuritic adhesions in each cavity; more extensive on right side. Lobes firmly bound together. One or two small normal areas at apex of upper lobes; lung tissue mainly crepitant throughout. Cut surface exhibits cavities in upper lobe. The balance of lung-tissue of each lobe is studded with grey tubercles. Left lung is in a similar condition, with extensive congestions. Bronchial glands not enlarged. Heart and pericardium, normal.

Liver.—Small; color, red; appearance of cut surface normal. Numerous diaphragmatic adhesions. Capsule thickened irregularly. Gall-bladder normal.

Spleen.—Flabby; numerous adhesions to diaphragm, with evidence of peritonitis. Dark maroon color, slightly mottled. Pulp, soft. Size, normal.

Kidneys.—Slightly enlarged. Capsule readily stripped, leaving a pinkish-grey surface, with some injection of vessels between the "pyramids of Ferrein." Cut surface shows cortex thicker than normal; nodular portion pink in color.

Vertebral Column.—The sac of the abscess within the thorax occupied the region of the media sternum. It covered the bodies of all the vertebrae from the second to tenth dorsal. The anterior common ligament was destroyed, and these surfaces were eroded; caries had eaten away the greater portion of the bodies of the seventh and eighth dorsal. The heads of the ribs articulating upon these vertebrae were loose in the sac of the abscess.

Thursday evening, April 9, 1885, the President, Dr. Shakespeare in the chair.

Case of Abscess in the Supra-Renal Capsules.

By Dr. Edward T. Bruen.

The accompanying specimens were removed from the body of May S., æt. 57, who died in the Philadelphia Hospital. Two weeks before death she was admitted to the medical ward, and within a few days a circumscribed swelling in the left femoral region developed into an extensive abscess. Death occurred apparently from septicæmia. No satisfactory previous history could be obtained.

Post-mortem examination disclosed left kidney one-third larger than normal. Capsule quite adherent. Upon removal, the section showed a granulated surface, pale and mottled. The pelvis of the kidney much dilated, i. e., general evidences of parenchymatous nephritis.

Supra-renal body very much enlarged, and closely united with the kidney by strong inflammatory adhesions. It was of the size and shape of a hen's egg; on section showed cystic degeneration or softening of the medullary portion.

The contents of the cyst being a thick, purulent, creamy liquid, filled with cheesy particles.

The cortical portion shows fibroid thickening, forming a dense connective tissue wall $\frac{1}{4}$ to $\frac{1}{2}$ inch in diameter.

The right kidney was of normal size, but showed similar changes to the left.

Right supra-renal body normal.

Other abdominal organs normal; no peritonitis.

Abdominal and other lymph-glands throughout the body normal.

Thoracic organs normal.

On examination of left femoral region a large tumor was found. Upon section, pus exuded freely, and a large abscess was discovered between the extensors and adductors, and lying beneath the sartorius. The abscess extended into the hip-joint, the acetabulum, and periosteum of the head of femur were eroded.

The comparative rarity of disease of the supra-renal body lends an interest to any lesions affecting it. Dr. Shakespeare has made some sections of the capsule of this tumor, without finding any tubercular structure. There was no bronzing of the skin, nor any other symptoms than those naturally to be expected in association with a large abscess, such as was found in this case. These facts, together with the unilateral character of the lesion, incline me to consider this specimen as one of abscess in the supra-renal body.

Dr. O'Hara asked whether this might not be a surviving abscess left after the absorption of other pus centres as he thought sometimes occurred.

Dr. Nancrede combatted this novel view, contending that while fugitive visceral congestions sometimes occurred in pyæmia, which readily disappeared, as well as certain collections of white blood cells in the thecae of the tendons and the bursæ contiguous to joints, yet he did not believe that septic embolic-producing infarcts could be absorbed, as maintained by Dr. O'Hara. Besides, if this explanation were correct, the clinical history should indicate something of the sort, which it did not, being one of *septicæmia*, not *pyæmia*.

Dr. Bruen said that there were one or two points of interest upon which he had not touched in the notes already read. The patient had led a dissipated life, having been brought into the hospital from one of the "slums" of the city. He had supposed that the woman had received some injury such as a blow which had given rise to the abscess in the groin, and she had died with symptoms of septicæmia. He had therefore regarded the abscess in the renal capsule as secondary. The localization of the pathological process in but one capsule—the absence of bronzing of the skin, vomiting, or vaso-motor disorder separated the case from Addison's disease. Indeed, it may be said the ensemble of the latter disease was wanting. Cases of Addison's disease have been described as being associated with abscess; but the disease was always bilateral and in association with a special train of symptoms, and with the absence of other pathological processes in the system. The most valuable compilation of cases of diseases of the supra-renal capsules up to the year 1866 could be found in the seventeen volumes of the Transactions of the London Pathological Society, 196 cases having been collected by Dr. Greenhow.

Specimen of Aneurism of the Aorta with Rupture into the Trachea in Two Places and Perforation of the Oesophagus.

Presented by Dr. Osler.

W. J., aged fifty-four years, colored, a teamster by occupation, and accustomed to do heavy work. Has been healthy and strong; no history of syphilis. In August, 1882, he began to suffer with pains in the chest and left shoulder, but he did not have any serious inconvenience until September, 1883, when he was attacked with cough and thoracic trouble, possibly pulmonary, which kept him in the house and in bed for several months. It was not until May of last year that he was able to work. Since July he has had at times attacks of shortness of breath, with wheezing, and often at night has had to sit up in bed. Within the past three weeks the pains in the shoulder and down the left arm have become very severe, and the cough and shortness of breath have increased. Note on admission was as follows: Well-built man, face thin, general musculature good. Inspiration rough and noisy, expiration loud and harsh, and often accompanied by a brazen, laryngeal cough. Respiration 18 per minute; can rest in the recumbent position. On inspection, the left side of the neck is much flattened, especially above the clavicle, and the sterno-mastoid muscle on that side is evidently atrophied. Apex beat visible in normal position. No abnormal pulsation; slight visible pulsation in vessels of neck. Palpation in the ordinary way, negative, but on firm pressure with one palm on the upper bone of sternum and the other on the back a distinct impulse can be felt and the second sound is accentuated; deep pressure reveals pulsation above sternum and behind left sterno-clavicular joint. Percussion reveals a slight area of dullness over left half of the manubrium sterni and beneath left sterno-clavicular joint. Heart dullness not increased. Auscultation; heart sounds clear. At sterno-clavicular joint, when the breath was held, there is a soft double murmur, the diastolic the louder, and the second sound seems markedly accentuated. These murmurs can be heard over the left carotid and in supra sternal notch. The tugging at the trachea was marked on elevating the larynx; pupils equal. The left radial pulse is smaller than the right, and is slightly retarded. Lungs negative; loud tracheal and bronchial stridor; no pressure signs on either bronchus. Patient expectorates much thin muco-serous fluid, which is blood-tinged, and at times there are more consistent sputa containing much blood. He was ordered to take twenty grains potassium iodide t. d. and to rest quietly in bed; no restriction as to diet. Laryngoscopic examination showed that the left cord was immobile. Within three weeks he was greatly benefited as regards the pains, cough, and wheezing, and the blood had disappeared from the sputum. Throughout February he remained very well, having occasional attacks of spasmodic coughing at night, which were relieved by spts. æther comp. His general health improved, and he was allowed to get about the ward. Sputum occasionally tinged with blood.

On March 19th he was shown to the class and the following changes noted; Slight increase in substernal dullness on firm percussion; more

marked accentuation of second sound over this region; persistence of the double murmur, which was now also to be heard just to the right of the sternum and at the aortic cartilage, and at this point it was the loudest. No increase in the pulsation, but in certain lights a slight impulse at the upper part of the sternum was visible. At the beginning of the month he began to be more wheezy, the stridor was very marked, and the dyspnoea became urgent, so that he had to sit up in bed. Sometimes these attacks would come on suddenly. On the 3d and 4th the dyspnoea was severe, and he got much weaker. On the 5th and 6th he spat up some bright blood, but not in any great amount, and gradually sank, dying at 9:30 p. m. The specimen removed by Dr. Hamaker shows an aneurism of the aortic arch, which occupied a position between the first bone of the sternum and the spine, very firm, solid, and about the size of an orange. The entire arch is dilated, but the sac of the aneurism involves especially the upper posterior part, and is lined with dense, yellow, fibrinous laminae. The orifices of the innominate and left carotid are free, that of the left sub-clavian is considerably narrowed by atheromatous ridges. The great veins are not compressed. The left recurrent laryngeal passes round the sac, is much stretched, and looks thinned; the right is normal. The trachea is much compressed about the middle of its course, and the aneurism causes a marked bulging on the left side, where two perforations can be seen. The upper one, about 6 c. m. from the bifurcation, is only 2 or 3 mm. in diameter, and the tissues about it are thickened, dark, and the mucosa somewhat fibroid. The lower orifice is smaller, and looks more recent. Neither of these lead directly into the sac proper, but into a small pocket situated between the dense laminae of fibrin and the thinned tracheal wall. On inspecting the oesophagus, an oval perforation was found 7 c. m. from the cricoid cartilage, which communicated directly with the sac, but was partially blocked with fibrinous clots. The stomach was found distended with fresh clots, and there was much altered blood in the small intestines. Collapse and congestion of the bases were the only changes in the lungs. The heart was not hypertrophied; valves were normal; muscle substance flabby and in a state of fatty degeneration, and brown atrophy.

The points of interest in this case were the repeated bleedings extending over several months, and the associated wasting of the muscles of left side of the neck. At first the bleeding was looked upon as an indication that erosion of the trachea had occurred, but subsequently it was thought more probable that it came from swollen mucosa at the site of the compression. No doubt the first supposition was the correct one, as the upper of the perforations had probably been the source of the bleeding, but the firm leathery clots effectually prevented any profuse hemorrhage. The final bleeding into the oesophagus also took place very slowly, probably during the last thirty-one hours of life, as there was dark much altered blood in the ilium. It is impossible to say upon what the atrophy of the neck muscles depended, as no careful dissection of the neck was made of the nerves in that region; possibly the sympa-

thetic was affected, but there was no difference of the pupils.

In reply to a question, Dr. Osler said that the iodide of potassium was given chiefly with a view of relieving the pains, and it had the desired effect.

Dr. W. A. Edwards read an elaborate description of a specimen of the lungs where the right had four lobes. The paper was accompanied by a careful drawing of the specimen, which had unfortunately been destroyed by the evaporation of the preserving fluid.

Dr. Osler asked whether there had been any dissection made of the bronchi and blood-vessels of the abnormal lobe.

Dr. Edwards replied that no very careful dissection had been made, as he wished to preserve so rare a specimen; but as far as his examination went, he could see nothing abnormal.

Dr. H. R. Wharton presented a specimen removed by amputation from a patient in the University Hospital, under the care of Prof. Ashhurst, which showed a marked degeneration of the knee-joint resulting from inflammation of that articulation. The patient from whom this specimen was removed was a man aged forty years, who three years before had received a slight injury of the right knee, which caused him more or less trouble up to January, 1885. At this time, while at his work, he twisted the affected knee; this injury was followed by an attack of acute inflammation, which went on to suppuration and destruction of the cartilages. The patient, when admitted to the hospital, had a high temperature, profuse sweats, and a rapid and feeble pulse. His condition was so urgent, that it was deemed advisable to remove the part amputated, rather than to make use of the more conservative operation—excision of the knee-joint.

Juvenile Drunkards.

A boy fourteen years of age was admitted into the Royal Southern Hospital in the afternoon of Sunday, the 15th of March, in an insensible condition. He had been found by the policeman on duty lying in a gutter. Dr. Gordon, the house-surgeon, found him in a state of collapse from alcoholic drinks, and applied the stomach-pump; but it was some time before he was completely restored. It subsequently transpired that the boy reached home late on Saturday night in a state of intoxication, and having slept this off, consumed two pints of beer and two glasses of whisky between three and five o'clock on Sunday afternoon. Commenting on this case, the *London Lancet* says: "Disgusting though this is, it is only an aggravated example of what is sadly too common in this city in the young of both sexes."

—Some alarm, it is said, is being felt in Mauritius at what is supposed to be a fresh outbreak of the fever which proved so fatal in many parts of the island a few years ago. A very bad outbreak has already taken place in the western suburb of Port Louis, which is chiefly inhabited by the very poorest classes. It is said that there is scarcely one house free from fever, and in many families as many as ten or twelve persons have been attacked, frequently with fatal results.

EDITORIAL DEPARTMENT.

PERISCOPE.

Treatment of Chronic Ulcer of the Leg.

Dr. Charles P. King thus writes in the *College and Clinical Record*, January 1, 1885:

There is, perhaps, no class of diseases within the whole domain of surgical practice so difficult to manage successfully as those of chronic ulcer. I think that my brother practitioners who have had any experience in the treatment of these cases will sustain me in the above assertion. It has been my misfortune, during a practice of some seventeen years, to have had quite a number of these cases, and I do not think it egotistical on my part to say that I have been very successful in their management. The case I am about to report is the worst that I have ever seen in my private practice, and hence I have been constrained to report it, thinking it might prove of interest to your many readers.

Mr. McV., aged twenty-three, unmarried; occupation, a brick-mason. He is a robust, healthy-looking man; says he has never had syphilis or gonorrhœa; is not of a scrofulous diathesis, and is not a drinking man. Was struck on the ankle-joint in January, 1883; ulcer made its appearance in the following March, on the outer half of leg, at or near the lower third; was about the size of a dollar; followed by a second ulcer, somewhat larger, just above it. He was treated for some time before I saw him, but he says he derived no benefit from treatment; became discouraged and commenced using patent medicines, salves, etc. Came first to me for treatment on August 3. On examination I found the ulcers were as large as a man's hand, and covered nearly the whole of the middle third of the leg. The epidermis around the ulcers was of a white tinge, ulcerated surface of a purple hue, indicating an impoverished condition of the blood; the system was generally debilitated, the kidneys did not act; appetite poor; no fever. The limb was enormously swollen, so that he could not put his foot on the floor without producing great pain. Informed him that rest was paramount to everything else in the way of treatment, and that if he ever expected to recover he would have to quit work for a season, keep the foot elevated, and avoid everything that might have a tendency to cause either local or constitutional disturbance. Told him that recovery would be slow, and that he must have patience, and not be discouraged if the ulcers were slow in healing.

Treatment was as follows: As there was very much inflammation present, the parts being very much swollen, and the ulcer presenting an angry appearance, I ordered the application of flaxseed poultices for several days, after which I applied locally to ulcers, with a camel's hair brush, a solution of nitrate of silver, three grains to the ounce of water, every morning. Internally, gave a laxative pill every three or four days for the first two weeks, together with the following prescription:

R. Potassii iodidi, 3j.
Hydrargyri bichloridi, grs. iij.
Comp. syr. stillingie,
" " sarsaparillæ, aa 3iij. M.

Sig.—A teaspoonful three times a day.

Directed patient to wash ulcers every night and morning with tepid water and Castile soap, then bathe parts with a carbolic acid solution which I had prepared. Continued this treatment fully ten days before there was any apparent change for the better. The swelling gradually subsided, the ulcers began to assume a more healthy color, and healthy granulations made their appearance over the whole inflamed surface. Then commenced using surgeon's cotton with vaseline as a dressing, for a short period, after which I strapped limb with adhesive plaster and banded leg from foot to knee, taking care that the bandage was so applied that the pressure would be equalized over the entire limb. Was in my office last on September 3; redressed limb; granulations healthy, and covered nearly whole surface of ulcerated portion. Changed dressing, using the following:

R. Iodoform pulv., grs. xx.
Vaseline, 3j. M.

Apply every night on retiring.

He recovered rapidly from this time. At this writing I am happy to say that the ulcers have entirely healed, and that he has returned to his work as usual.

Had not the disease yielded to the above treatment, it was my intention to apply a rubber bandage to the limb, as advocated by some of our leading authors. I have great faith in its efficacy in some forms of chronic ulcers. My prognosis in this case, when I first saw it, was anything but favorable, for it was the worst case I had ever seen in my practice, although such cases are common in our hospitals.

We should not, therefore, despair in our treatment of any case, however unpromising it may at first appear, as good results frequently follow when we least expect them.

Tobacco Poisoning.

Dr. L. G. Hardman thus writes in the *Atlanta Med. and Surg. Jour.*, February, 1885:

Mrs. W., age about 40, a woman of medium size, fair complexion, moderate health, a seamstress, has suffered at times with neuralgia. Has been a constant user of tobacco for thirty years, chewing, smoking, and snuffing, all of which she continued until a short time ago, when she was advised to leave off smoking, as it was believed to be the cause of her neuralgia. This she did, but continued to chew and use snuff. On the 5th of August, 1884, I was called to see her about one o'clock in the day. When I arrived I received this history of her case: While at the shop, at her usual vocation, with her husband, he purchased her a box of snuff between 10 and 11 o'clock in the day, and a short time afterward she left the shop and went home to look after her

household affairs. She went home alone, and was alone for an hour or more before any one came. About 12 o'clock her husband came home—his usual dinner hour—and, on entering the door, found her lying on the floor unconscious, almost helpless, and sweating profusely. When he spoke to her she gave no answer. She was put on the bed. She had vomited freely over the room and on her own person. There was evidence that she had prepared dinner and had eaten some before she was stricken down. When I examined her, I found she was unconscious; surface cold, almost pulseless, and occasionally she would move a hand or foot and groan. Respiration slow but not stertorous; inclined to sleep; could not speak or swallow. By this time she was seized with a convulsion; the convulsive action was not very marked in the lower extremities, but very noticeable in the face and upper extremities, with froth in her mouth. As soon as she rallied I gave her a hypodermic injection of whisky and morphine, as her pulse was only forty per minute. After the injection the pulse soon went up to fifty-two and remained at that for two hours, and in one hour more, by the constant use of whisky in small doses often repeated, was 72 beats per minute. Her pupils were dilated. (I will state that authors differ in regard to the pupils in tobacco poisoning. Taylor and Woodman, with others, hold that it is dilated in acute tobacco poisoning, while Pereira and Bartholow say it is contracted, but in chronic nicotineism is dilated. Now there is an acute tobacco poisoning in a chronic case, just as we may have an acute attack of Bright's disease coming on in the chronic.) But to return to the description of the symptoms present. She would sometimes complain of her head paining her, and then again say nothing hurt her. I was then called away, but returned again at 8 o'clock in the evening, and found her still delirious, pulse same, temperature $97\frac{3}{4}^{\circ}\text{C}$, could move about more, vomited once, micturition frequent and more than usual. Could not see well; said she could not tell who I was, but seemed to know for a moment when told; also noticed facial twitching at this time. She gradually improved in every respect up to Saturday, when I saw her last. Rested well Saturday night, and doing well, so far as the family could tell, Sunday morning. She could not see well; voice weak; temperature never was elevated; pulse never over 80; no paralysis. After she was doing well as stated even on Sunday morning, I was surprised to hear, at 11 o'clock, she was dead, and on inquiring of her husband, he said about 8 o'clock she took some tobacco, and between 10 and 11 some more. She was quiet at this time, and he stepped out, but very soon he heard her give one scream, and he ran back, and she died a few minutes thereafter.

I told the husband on my first visit it was tobacco poisoning, but I had never seen a case of it before and was not positive. After I visited her a time or two, I stated to him that I was satisfied my diagnosis was correct. He did not, however, believe me, as he was a dear lover of the poisonous plant. In order that all parties might be satisfied, and that her husband might see that her stomach was not full of bile, as he supposed, and it was nothing but a bilious attack, as the doctors

say, we sent for the coroner and had an autopsy. No external injury. An incision was made from zygoid cartilage to the symphysis pubis, and another at right angles to this at free margin of ribs; peritoneum and intestines, liver, kidneys, and spleen normal in appearance, except kidneys somewhat congested. Stomach was opened, and it contained nothing but particles of tobacco; the mucous membrane of the stomach was covered with ecchymosed spots, but no other abnormal appearance. The last tobacco she took before her death she did not spit at all. I found on examination of the snuff-box, she had used about one-fourth of an ordinary ounce snuff-box.

Buttermilk in Sick Stomach.

Dr. R. J. Peare thus writes in the *Therapeutic Gazette*, April 15, 1885:

An irritable stomach, it will be admitted, is often a most serious complication in the management of sickness. In occasional cases, of no particular gravity otherwise, oftenest in diseases of children, this difficulty leads to a fatal issue. Buttermilk, so far as I am aware, is an untried remedy in such cases. I have had some experience recently with it, quite satisfactory in a few instances. Four cases of persistent vomiting occurring in succession, intolerant of any other treatment, gave way kindly to this.

Case 1 was that of a child about two years old. The vomiting was unaccompanied by other sickness. The child had not retained anything, fluid or solid, for two days; the food being almost immediately ejected. I suggested buttermilk in teaspoonful quantities, every ten, then every five, minutes, the milk to be quite cold and as fresh as possible. The vomiting did not recur, and in two days the child had changed from a condition of impending death from collapse, to nearly its normal condition. In place of teaspoonful quantities, the stomach soon sustained larger ones, and so on till an ordinary quantity could be taken.

Case 2 was that of a nursing child suffering from a mild derangement of the digestive process, accompanied by fever and persistent vomiting while anything remained in the stomach. The mother's milk was immediately rejected. I again ordered buttermilk, in the same manner as before, much to the surprise of the parents. Next day the father reported that there had been no vomiting from the time this treatment was commenced.

Case 3. This was an adult female. Three weeks before she had been confined, and at this time was suffering from a mild attack of peritonitis, with constipation and nervous troubles. There was constant nausea in this case, even when the stomach was empty—a feature in which it differed from the other three. Buttermilk was cooled with ice, and carefully given in gradually-increasing quantities till it was retained quite well, after other remedies had all failed, and in twelve hours it could be taken freely. The nausea was overcome with more difficulty in this case than in the others.

Case 4 was that of a child one year old and weaned. The mother had been away from home some distance with the child, visiting. While absent, a slight diarrhoea occurred, accompanied

by sick stomach. When I saw it the stomach difficulty predominated greatly. Everything given was immediately expelled with force. The mildest remedies were not retained a moment. The stomach was intensely sour, and food taken therein days before was passed from the bowels undigested. Buttermilk, as directed in the other cases, was ordered, with lime-water. The vomiting subsided very quickly, and the stomach could soon tolerate boiled milk thickened with flour. This change became necessary on account of the condition of the bowels, which now became as intolerant of the buttermilk as the stomach had been, the milk passing through immediately after ingestion. After the change of food no passage occurred for twenty-four hours.

Four successful cases will, of course, not establish the value of any remedy, but the recital of them may lead to further trial.

So far as I have observed, buttermilk does not coagulate in the stomach, as does new milk. This is, perhaps, its only advantage over the latter, but one of inestimable value, since the coagulation of new milk casein, so likely to occur, utterly forbids its use in many cases. In the "summer complaints" of children, for instance, buttermilk might be found eminently appropriate.

Valvular Disease of Heart—Rupture of Lung from Embolic Softening.

Dr. Wm. C. Glasgow reports this case in the *St. Louis Courier of Medicine*, March, 1885:

P. J., aged 40 years, was admitted into the hospital January 14. He had been feeling badly for about two years; the latter months he was unable to work, complaining greatly of dyspnea, cough, and general weakness. There was general dropsy. His face was swollen and cyanotic. He suffered great dyspnea on making the slightest exertion. His pulse was very rapid, feeble, and irregular. He had a troublesome cough, and expectorated freely a muco-purulent secretion. Bronchial rales were heard generally over the lungs. On examining the heart it was found generally enlarged, the apex pulsating beyond and below the nipple line; the impulse was feeble, with an undulating pulsation appreciable from the sternum to the apex; it was greatly increased in breadth. Above the apex a weak pre-systolic murmur could be heard, a diastolic murmur was heard over the aortic valves, and a systolic murmur over the tricuspid. Soon after entering the hospital, he was given a dose of purgative medicine, from the effect of which he was depressed and the dyspnea was greatly increased. Under the use of digitalis and chloric ether, with stimulants, he improved steadily.

January 20 he began spitting freely dark blood; this ceased after having expectorated about a pint. Three days later he complained of an excruciating pain over the lower portion of the right lung, which yielded to cupping and poultices. On the morning of the 24th, he died suddenly in what the attendant called a faint.

The post-mortem showed the right pleural cavity filled with blood, the lungs intensely congested, and in the lower portion of the right lung a hemorrhagic infarction the size of a small orange was found, with an irregular rupture of

the lung and pleural surface. The heart was enormously enlarged and filled with blood, weighing twenty-four ounces after the blood had been removed. The left ventricle was hypertrophied and dilated, the left auricle was greatly dilated; the right ventricle was enormously dilated, the cavity being three times the usual size.

The aortic valves were thickened and united by inflammatory adhesions, rendering the valves incompetent; at the base of the valves were several inflammatory nodules; the mitral valve was rendered incompetent by a shortening of the chordæ tendinæ from inflammatory thickening, and an enlargement of the orifice through dilatation of the ventricle. On the auricular surface at the base of the valve a row of rounded nodules projected into the orifice; the valve was large enough to admit the hand. The tricuspid valve was normal, but incompetent from distension of the ventricle. The liver and kidneys were engorged with blood.

The interesting features in this case are the embolic softening, and rupture of the lung, with hemorrhage into the pleural cavity. We note also the pathological changes producing a free mitral regurgitation without any evidence being given by physical signs; we note also the absence of a systolic murmur over the aorta, which should have been expected from the existing lesion. I believe that the large size of the mitral orifice prevented the formation of a regurgitant murmur, whilst the absence of an obstructive murmur at the aortic orifice may have been due to a feebleness, with a diminished supply of blood in the contracting ventricle. The large size of the heart is also unusual.

A Peculiar Form of Uric Acid Precipitate.

Dr. F. W. Ellis thus writes in the *Boston M. and S. Jour.*, April 23, 1885:

Several months ago I met with a case in my private practice which presented features sufficiently unusual and interesting to justify a few notes.

I was consulted by a large, well-built Irishman, who complained of various dyspeptic symptoms. His occupation was that of a stone-cutter. He complained of muscular weakness and poor appetite. He had been ailing for a considerable time, and had recently returned from a trip to Ireland, where he spent a year in idleness in order to regain his health. He returned home somewhat improved and resumed his trade. He was married, and so far as could be learned had always been temperate.

I was first consulted by his wife, who had noticed a peculiar condition of his water. The specimen of urine which she brought to me for examination was pale, and a half litre or more in amount. The sp. gr. was low (about 1.010), but, as I have lost the record of the examination, I cannot state the exact figure. A relatively large amount of large rhombic uric acid crystals had collected as a sediment. It was this sediment of large red crystals which had first excited the attention of the patient's wife. After standing a short time a much more abundant chalky white sediment collected above the red uric acid. This white sediment was

insoluble in concentrated hydrochloric acid. A portion of the sediment boiled with a large amount of water slowly dissolved. Under the microscope it was seen to be composed of very minute rectangular prisms. That it was not any form of urate was shown by its insolubility in acids and its very imperfect solubility in boiling water. Treated with nitric acid and ammonia it gave a very beautiful murexid reaction. It dissolved readily in the caustic alkalies, and was reprecipitated by acetic acid in the form of perfectly colorless rhombic prisms, showing that it was entirely composed of an exceedingly pure form of uric acid. No more uric acid could be separated from the filtered urine. In other respects the urine was normal.

A sample of urine analyzed a few days later contained only a slight amount of uric acid. The increased excretion of the acid seemed to occur in paroxysms. I analyzed several later specimens, all showing enormous increase in the amount of uric-acid sediment, the greater part of which was the form of a white precipitate of small colorless crystals. The sp. gr. varied; on one occasion it was 1.023. The reaction was strongly acid.

The interesting points in the case are:

1. The enormous increase in the uric-acid sediment occurring in paroxysms.
2. The dual character of the uric-acid sediment, the large red, rhombic crystals, and the very minute colorless prisms.

The large red crystals were probably of slow formation; this was shown by their perfect rhombic form. The minute prismatic crystals must have been so suddenly precipitated as to leave no time for the absorption of coloring matter. The two kinds of crystals must have formed at two different times. The white sediment of pure uric acid might easily have been mistaken for one of urates had the examination been less careful.

I am not aware of a similar urinary sediment having been described in print, and it is doubtless one of some rarity. The patient had no symptoms of stone.

Poisoning with Castor Beans.

Dr. Hal. Foster thus writes in the *Kansas City Medical Index*, March, 1885:

The following cases may not prove altogether devoid of interest. With the object of adding my quota to the list of the serious accidents resulting from the indiscriminate use of castor beans, the impressive lesson which experience taught prompted me in presenting the histories of these cases.

October 11, 1884, early in the morning, I was hastily summoned to see two young ladies. On my arrival at the house, I found both patients occupying the same room and bed. The previous evening two young gentlemen called on the ladies. One of them had a large number of castor beans in his pocket. He made a wager that he could eat a larger number of the beans than either of the ladies. They at once began to eat beans; the men ate one or two. The girls, anxious to be successful, continued to eat until each had consumed 12 or 14 beans.

As the evening drew to a close, they retired, feeling as well as usual. About 1 a. m. they were awakened by severe abdominal pain, and

intense thirst. This was about four hours after the beans had been taken. The countenance was pale, and resembled one in an attack of cholera. Their minds were in a semi-conscious state. Pulse 160, feeble and irregular. Heart's action labored. Pupils contracted. The skin was cold. There was great restlessness. The bowels began to act every few minutes; later on, the stools were very bloody. Each action seemed to cause excruciating pain, and was followed by great prostration. I realized that my patients were in a precarious condition, and unless I relieved them soon, death from collapse might ensue. I at once administered to each patient, cupri sulphatis, gr. x., and gr. xxx. of pulv. ipecac; also mustard and warm water. In a few minutes their stomachs were evacuated by severe emesis. Tr. opii was administered to quiet the severe pain. Hop applications were applied to the distended and painful abdomen.

The vomiting continued for several hours. The diarrhoea was so severe now, that it was thought best to give large doses of bismuth. Tr. digitalis in ten gtt. doses was given every three hours, until the afternoon. In a few hours my patients were resting quietly. Still there was great thirst and tympanites of the abdomen. In the evening the vomiting had subsided; hot milk and brandy was now given. Morphia sulphatis $\frac{1}{4}$ gr. was given to secure rest. On the morning of the 12th, patients were much better, but still very weak and pale. Tympanites was still present, and slight pain was experienced on percussion. The bowels moved several times during the day; bismuth still continued. Demulcent drinks were now ordered.

October 13th. Both expressed themselves as much better, but still weak, and had no desire to eat. Tympanites in iliac region all gone. Iron was now given in small doses. The improvement was rapid after the 13th.

A number of authors report deaths caused by eating castor beans. H. C. Wood, page 456, states that "the beans contain an acrid fixed principle, which makes them exceedingly poisonous." In 1874 Prof. Tuson discovered in the seeds a peculiar alkaloid, which he named ricinine or ricinia.

Professor Houzi reports a case of a middle-aged woman fatally poisoned by eating castor beans.

Maggots in the Nose.

Dr. D. C. Heely reports this case in the *Peoria Medical Monthly*, February, 1885:

Mrs. S., a married lady, aged about twenty-five years, of good habits, history of good health up to November 22, 1884.

November 22 she felt a slight itching sensation in the nose, about mid-way between the anterior and posterior nares, which was not considered worthy of attention. November 23 the husband called for a gargle, saying she had a slight sore throat. I sent her a mixture of chlor. potas., muriate of ammon., tr. of iron, and water, with instructions to gargle freely. November 24 the husband returned, saying the throat was no better, and that there was a bloody, watery discharge coming from the nose, and gave me two small worms which she had blown from the nose a short

time before he left home. I told him there was certainly something wrong there. He then asked me to go and see her. I found her in a darkened room full of offensive odor. I had her walk into another room, she being not at all debilitated, and proceeded to an examination. I observed at a glance the continual dripping of a bloody discharge from the left nostril. I introduced a bivalve ear speculum into the nostril, when to my horror I found a living mass of maggots working in innumerable holes through the septum around the antrum, orbit, and floor of the nostril, as far back as I could see, but as soon as I would introduce the speculum they would disappear from sight. I made a solution of carbolized water and turpentine, which I injected into the nostrils, when the worms would again become a living mass. I extracted at that visit one hundred and twenty-five of them through the speculum with a pair of forceps.

I returned in the evening, and by the same process extracted seventy-five more. I instructed the husband to use the injection of carbolized water and turpentine every three or four hours during the night as an antiseptic and disinfectant, and for her to blow her nose quite hard after each injection, which she did, and there were thirteen more worms in the wash-bowl next morning. November 25 I extracted thirty-five more, and found they had eaten a hole one and three-fourths of an inch in diameter through the soft palate into the mouth. In the evening I extracted thirty more, and so from day to day until November 29, the seventh day, when I had extracted in all three hundred and sixty-six large maggots, nearly all full-grown and over one-half inch in length.

The peculiarities of the case are, how the larva were deposited in her nose without her being sensitive of it, there being nearly four hundred worms and a fly will deposit about ten in a minute. There must have been nasal catarrh, and the fetor attracted the fly, as there is no necrosis.

There was no pain more than slight ear-ache and sore-throat from inflammation, from contiguity, no fever; no septic poison, in fact, perfectly composed the whole time. Result, January 29, 1885, a little over two months. The patient is in good health, the hole in the mouth perfectly healed, no signs of disease in the passages.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—Few cases of catalepsy in childhood have been reported, and hence a case in a child three years old, reported by Dr. Jacobi, in a reprint sent us, is worth noting.

—Dr. Henry W. Stelwagon, of this city, has contributed a number of interesting studies on various forms of skin diseases to recent journals, reprints of which are before us. Two are upon impetigo contagiosa, its features and character; one on the treatment of acne indurata; others on

herpes iris, psoriasis in a child, on phlethriasis palpebrarum, on acne rosacea, on a sebaceous cyst containing hairs, on an eruption from chlorate of potassium, on the oleates in cutaneous diseases, and on a case of feigned eruption.

—A very interesting reprint is before us from the pen of Dr. J. A. Irwin, of New York city, on "The Influence of Sea Voyaging Upon the Genito-Uterine Functions." The writer speaks from extensive personal observation, as well as a wide acquaintance with the literature of the subject. He examines the influence exerted on the menstrual function, its relations to sea-sickness, the influence on utero-gestation, on the production of abortion, etc.

—In an open letter to the President of the Provident Life and Trust Company, of this city, Dr. William Pepper gives some excellent advice as to the precautions proper in the event of the existence of cholera as an epidemic.

—Messrs. G. P. Putnam's Sons have issued an edition of Dr. Seguin's "Metric Prescription Book," which will be found very convenient for those preferring this method.

—Dr. Benjamin Lee, of this city, proposes to issue a number of short tracts on massage, priced at twenty-five cents each, some from the German, or other sources. The first of the series is translated, with notes, from the German of Reibmayr, and is upon the "Art of Massage." It is neatly printed, and quite instructive. It and future numbers of the series may be had by addressing Dr. Lee, 318 South Fifteenth street, Philadelphia.

—The subject of "The Galvano-Cautery in Nasal Surgery" is treated from the results of considerable original investigation in a recent pamphlet by Dr. Harrison Allen, of this city.

—Those who would like to know something about the climate of New Mexico and the Las Vegas Hot Springs, can obtain gratis a pamphlet on that subject by addressing Mr. Henry Farnum, 413 Walnut street, Philadelphia, mentioning this journal.

—In a careful article, the reprint of which is before us, Dr. P. A. Harris, of Paterson, N. J., treats of the management of mastitis by bandaging and rest. We give the gist of his recommendations in an extract:

Inflammation of the breast should be regarded as a progressive rather than a self-limited disease. It is attended by a train of pathological changes which become more severe and complicated until the conditions or circumstances which have pro-

duced them and which favor their continuance are removed.

The inflamed breast should be supported in a well-applied bandage, and no attempt made to nurse or withdraw the secretion until the entire subsidence of the inflammatory movement.

Sore and fissured nipples often produce inflammation of the breast. If, therefore, in any particular case we have reason to believe that the lesion will soon lead to the development of mastitis, or should it appear that a cure cannot be effected during the continuance of nursing, we shall be justified in the entire suspension of sucking through the affected part until a cure of the local trouble is established.

The well-applied bandage exerts a salutary influence on the morbid conditions which affect the nursing breast, and it is also the most grateful measure of treatment.

—A handy pocket volume for emergencies is the "Erste Nächstenhilfe bei Unglücksfällen im Frieden und Verwundungen im Kriege," by Dr. G. A. Ruhlemann, of Leipzig. It is well illustrated. Published by Carl Hockner, Leipzig.

BOOK NOTICES.

The Medical Aspects of Bournemouth and its Surroundings. By Horace Dobell, M. D., etc. 8vo., pp. 338. London: Smith, Elder & Co., 1885.

In this very complete and handsome volume Dr. Dobell introduces the reader to the advantages of Bournemouth, a health resort on the south coast of England. It has many inducements for those who suffer from affections of the air passages. The climate is mild at all seasons, and the neighborhood eminently picturesque and attractive. These natural beauties are well set forth in a number of excellent chromo-lithographs which adorn the volume. Altogether, it is one of the pleasantest books of the kind that we have seen for a long time.

Minor Surgical Gynecology: A Treatise on Uterine Diagnosis, and the Lesser Technicalities of Gynecological Practice. By Paul F. Mundé, M. D., etc. Second edition. Illustrated. 8vo., pp. 552. Wm. Wood & Co.

The first edition of this work appeared in 1880, and met with such an appreciative reception that the author has extended it very materially, adding much new matter and many illustrations, until now it is quite a portly volume. Its object is to set forth the minor surgery of gynecology, and this it does in minute and complete manner. About a fourth of the text is given to describing the methods of gynecological examination. To this follows three hundred pages on minor manipulations and applications, and the remainder is given to the lesser operations in gynecology.

The only fault to be found with the book is its excessive minuteness and prolixity of detail. To some, however, these may be recommendations rather than blemishes.

Insomnia and Other Disorders of Sleep. By Henry M. Lyman, A. M., M. D., etc. 8vo., pp. 239. Price, cloth, \$1.50. Chicago: W. T. Keener. 1885.

In this monograph the author treats in a learned and attractive style of the nature and causes of sleep; of wakefulness and the remedies for it, and its treatment in particular diseases; of the physiology of dreams and their various classes; of somnambulism and the general theory by which it may be explained; and lastly, of that form of artificial somnambulism which is known as hypnotism, or mesmerism. All these topics are treated of in a very instructive manner, and it has been long since we have read anything so satisfactory on those phenomena which have of late excited the attention of students of psychical mysteries, such as mind-reading, clairvoyance, memory in dreams, etc. Those who would like to acquaint themselves with what science has to say on these topics, and learn how they are regarded by the wisest students of this age, may turn with profit to the pages of this book. The author is well known, not only as a skilled physician and accomplished teacher, but as one of the most polished writers of the American medical press.

Neuralgia, and the Diseases that Resemble It. By Francis E. Anstie, M. D. 8vo., pp. 288. New York: G. P. Putnam's Sons, 1885.

Although the work of the late Dr. Anstie is no longer new, it would be difficult to name any that has appeared on the subject since he wrote which is superior to it. His style was remarkably pure, and as an observer he was unusually clear and sagacious. The distinction he draws between neuralgia proper and quite a number of painful maladies which simulate it is one of decided clinical importance.

In the first part of his essay, he speaks of the clinical history, complications, diagnosis, pathology, and treatment of neuralgia properly so called. In the second part he takes up such disorders as spinal irritation, myalgia, the pains of syphilis, alcoholism, and rheumatism, gout, colic, and headache, and gives the traits which serve to separate them from the suffering incident to neuralgia in the true sense of the word.

The book is in neat and convenient size, and will doubtless be an acceptable addition to the literature of the year.

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 OF
MEDICAL SCIENCE.

The attention of our readers is especially called at this season to the **QUARTERLY COMPENDIUM**, which we publish.

It is, in fact, a supplement to the **REPORTER**, being made up of articles which have not appeared in the weekly, but yet are of value and interest to the physician.

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HYPNOTIC CHICAGO.

The profession in Chicago have had a curious experience. A well-known member of the Chicago Medical Society read before it a lecture on mesmerism, or "hypnotism," as the modern fashionable word is, and illustrated it with a living example. The members were profoundly impressed, and an interesting and learned discussion followed. But some one of them of an investigating turn of mind pursued the subject further, and discovered that the "able paper" was largely cribbed from an encyclopædia, and that the subject was what they call in that enlightened metropolis a "horse," in other words, one who hires himself out to professional mesmerists for exhibitions. These "horses" must have a hard time. They submit to having pins thrust in their flesh, red pepper put in their eyes, without wincing, and pretend that they believe themselves to be George Washington or Daniel Webster at the wink of the mesmerist. It appears to be quite an avocation in Chicago, a city which is nothing if not progressive.

The result of it is that there is not a man left in Chicago who has faith in any variety of 'ism whatever, and no energetic young doctor out there cares aught for psychical research, but devotes his undivided attention to patients on the avenues, with an occasional dip into fall wheat and mess pork. To use one of their own expressions, it will be a cold day when the next mesmerist catches the Chicago profession napping.

THE PERILS OF GREATNESS.

A peril of greatness not mentioned by the old philosophers—as they lived before the days of telegraph—appears of late to be that the great man can never find out what is the matter with him when sick. We need but refer to the wonderful surgical diagnosis in the case of President Garfield—how the ball was exactly located by a novel instrument of precision, about ten inches from where it really was! We have fresh in mind—who has not?—the hourly bulletins about General Grant, not over a month ago. Every

time he gargled his throat his physicians summoned a consultation, telegraphed for a reporter, and had the fact (with their full names signed to the statement) instantly telegraphed over the country.

They did not stop short of either diagnosis or prognosis—"cancer of the throat," "death in a few hours or days at most." This, too, they sent out broadcast. It is a big thing for a small doctor to attend a great general and ex-President. It is a chance for getting patients in good society that must not be thrown away.

But there is not so much fun in it when the small doctors commit portentously-large blunders, and have themselves caricatured in *Puck*, and laughed at in the press generally. Their anxious efforts at notoriety then assume a ridiculous aspect, and their undue haste and the limitations of their knowledge become rather too apparent to be gratifying to them.

On a previous occasion we condemned as in bad professional taste, and indicative of a low order of ethics, this anxiety to seek notoriety by revealing the minute conditions of a patient, and hastening into print with facts and opinions that ought not to pass the doors of the consulting-room. General Grant's physicians have been disgustingly open-mouthed in these respects, and the exposure of the gross mistakes they have made will be as gratifying to others as it is deserved by themselves.

COMPLICATIONS OF GONORRHOEAL RHEUMATISM.

Occasionally peculiar symptoms have been described which have been met with in patients suffering from gonorrhoeal rheumatism. Dr. Hermet records in the *Union Méd.*, 1885, 12, the case of a man, æt. 34, who had repeatedly suffered from this rheumatism, and who complained, the last time that he was seized with the affection, besides it, of intense pains in the ear at the slightest noise, tinnitus aurium and difficulty of hearing, especially when several persons were speaking together. The fact that these symptoms at once ceased the moment that a fresh joint be-

came affected with the rheumatic disease, as also the observation, that when at that time air was blown into the tympanum, the ear symptoms immediately reappeared, induced Hermet to believe that the affection of the ear consisted in an arthritis of the joints of the ear-bones. It is exceedingly rare that several joints are simultaneously the seat of gonorrhoeal rheumatism; generally, whenever a fresh joint is seized the pains in the one previously affected at once cease. For this reason it really does seem probable that the ear symptoms in H.'s case belonged to the same category.

SPECIFIC BACILLI IN SYPHILITIC TISSUES.

The characteristic bacilli of syphilis seem to have been at last discovered. Dr. S. Sustgarten (*Centrbl. f. d. Med. Wissensch.*, 9, 1885,) has demonstrated in two cases of initial syphilitic sclerosis, and in one case of a gumma, the presence of bacilli, which by their reaction to a peculiar method of coloring, and by other properties, were proven to be a separate species, thus far not described. Koch and Weigert have confirmed the discovery. The bacilli greatly resemble in size and shape those of tubercle, but they are always met with either singly or in small groups, included in slightly swollen lymphoid cells. Under high power they showed the same light spots, which Koch believes to be spore-formations. Cocci were not present.

NOTES AND COMMENTS.

Ill-Shaped Noses and Other Irregularities of the Human Body not Morbid.

Dr. A. Convert thus writes to the *Atlanta Medical and Surgical Journal*, December, 1884:

As we walk the streets we meet many noses; some good comely noses, and some, though uncomely, subserve all of the purposes of their owner. Among this multitude of noses that look well enough to the passer-by, very few, upon close inspection, are set centrally on one's visage, or are of orthodox form, size and proportions. It might be a little hazardous, however philosophic our intentions, to investigate the nose of Tom, Dick, or Harry, as we meet those worthies on the

street; but within the metes and bounds of safe investigation it will be found that nine noses out of ten (my statistics are not exact) of said organs lean too much to the left, or the right, are too big or too little, too long or too short, too high or too low, too flat or too sharp, too thin or too thick; not to emphasize (for the dangers involved) their being too red, or too blue sometimes. Nevertheless, under all of these disabilities, the little organ serves the purpose of its owner with due fidelity in smelling, breathing, blowing and sneezing, as fully as if it had been chiseled by an artistic sculptor.

There are many other irregularities in the human body which, though equally abnormal, are not morbid. To say nothing about hands, feet, eyes, ears, or mouth, Madames Bouvain and La-Chapelle and others in their line, have given, or could give, numberless cases of the irregular development of the external and internal genitalia of their patients, without harmful results or the necessity of gynecological intervention, as evidenced by conception, gestation, parturition, taking their normal course with best results. There are irregularities of position and development and disease of certain organs that require the interposition of art; and it is pleasant to know that we have surgeons of our own, who are an honor to their calling and a blessing to the country, and who compare well with the best gynecologists of other lands. But it is not to be concealed that some well-meaning medical men seem forgetful of the resources of nature, and that no harm is intended by that divinity when she sports a little with a nose or a uterus, and that the uterus leaning a little to the right or left, front or rear, don't always require the interposition of art, any more than a bent nose does. Is it not best to stand back and not familiarize ourselves too much with other people's noses or uteri?—for the one might be dangerous, the other should be sacred. *Verbum sat.* * * * * *

But please allow a little more about intermeddling, as it is not drawn from imagination. Mrs. —, young and healthy, had (her doctor said) uterine disease calling for surgical interference. Before such measures were taken, an appeal was made privately to an old conservative medical friend, who advised delay and gentle remedies. In due time she was happily delivered of a healthy child, which in less than two years had a successor. Another, Mrs. —, could not menstruate as previously, and was in trouble about it. A doctor, with strong gynecological tendencies and aspirations, found the os uteri

closed up and art called for. The husband says the doctor used "something like a glove-stretcher." A few hours brought forth an abortion, to the dismay of the doctor and distress of the patient. Miss A. has incipient tuberculosis and Miss B. has mental peculiarities; both of them just verging into womanhood. Manipulate their genitals, is the prescription!! Is there not a moral as well as physical evil, in thus outraging modesty by unnecessary and familiar interference with the female organs of generation? Few, it is believed, err so grossly. But does not fashion drift towards undue interference in this direction?

Arsenic in Cancer.

After referring to Dr. H. M. Lawson's recommendation of treating malignant disease with heroic doses of arsenic, Dr. J. McF. Gaston reports in the *Southern Medical Record* (April 20, 1885,) a case of encephaloid tumor situated below the right ear, where the pronounced cancerous cachexia and the return of the tumor after operation, seemed to verify the diagnosis of cancer. He prescribed five-drop doses of Fowler's arsenical solution three times a day, with instructions to add a drop every alternate day until he should reach ten drops of the solution three times a day.

After using the remedy in this form for nearly a month, he changed it for the arsenious acid in the dose of $\frac{1}{4}$ grain daily with a cup of hot coffee before his morning meal; and so soon as tolerance of this was apparent a second dose was given before dinner, and ultimately he took a third dose before supper, with indications of improvement in all respects. About the first of March the dose was increased to $\frac{1}{2}$ grain of arsenious acid three times a day, and continued for ten days, when he manifested signs of constitutional disturbance, with some puffing under the eyes and tenderness over the epigastrium, with evident modification in the character of the tumor. All the indications of a malignant growth having disappeared, and a marked diminution in its proportions being evident, while the raw surface had shrunk down to the level of the surrounding integument, there were still exuberant granulations, accompanied with a purulent discharge. Up to this time a simple aseptic local dressing of vaseline \mathfrak{Jj} ., with carbolic acid and camphor, each \mathfrak{Jj} ., had been applied with absorbent cotton; but then he prescribed vaseline \mathfrak{Jj} ., with chloride of zinc 30 grs., on a piece of cloth upon the raw surface daily. At this period, on the 10th of March, one-third of the arsenious acid was abstracted, leaving him to take $\frac{1}{4}$ grain before his breakfast and a like

quantity before supper. At the expiration of another ten days he was ordered to stop the evening portion, and has since continued taking only one-third of a grain before breakfast. The acceleration of the pulse, with the slight signs of bloating about the face, have disappeared under this reduction of the daily dose; and his appetite, which had become somewhat impaired, is now being restored, while the tenderness and distension of the epigastrium gives no further inconvenience.

The exuberant granulations having been repressed by the local application of the chloride of zinc, it has been discontinued, and a simple plaster of basilicon ointment on a cloth covers the granulating surface. It appears not only to Dr. G., but to various colleagues who have observed the progress of this case under the arsenical course, that while a specific taint remained in his system there was a tolerance of the arsenic, but as soon as there was a marked change in the general and local indications of disease for the better, the peculiar effects of this agent become more developed. The improvement up to the date of the report has been so great that Dr. G. promises further reports of the case.

Mediate Transfer of an Ulcus Molle.

How careful physicians ought to be in the use of instruments which have been previously employed in cases of chancre, the following interesting case will show, reported by Dr. Edm. Lesser, in the *Viertelz. f. Dermatol.*, etc., 1885, p. 210.

Under perfect aseptic precautions, L. had extirpated a small piece of the skin of the left forearm in a 15 year old girl, suffering from lupus vulgaris. His object was a microscopical examination. The wound, about $1\frac{1}{2}$ inches long, was closed by three catgut sutures, and soon healed, with the exception of a small granulating place in the centre. This part was slightly covered with iodoform, kept in a glass, and applied with a small camel's hair brush, which had been employed on the previous day in a patient affected with a soft chancre, still covered by a thin purulent layer, and with a bubo, into which an incision had been made. Within a few days a typical chancre developed itself in the wound of the girl's arm, and healed on the eighteenth day. L. mentions the fact that the syphilitic patient had himself made the application of the iodoform with the camel's hair brush, and he is of the opinion that some of the pus probably adhered to the hair.

Besides the caution which this case teaches us, it proves another fact reported by other observers,

viz., that the purulent discharge of the soft chancre by no means loses its virulence by drying. It is not improbable that the peculiar purulent conjunctivitis which we at times observe in patients suffering from soft chancre, though not constitutionally affected, may be ascribed to the same cause. Such patients are not always careful, and allow their fingers to come in contact with the purulent ulcer, forgetting that though the quantity of pus adhering to their finger may be very small and completely dried up, an infection may take place through it.

Turpentine in Skin Diseases.

The internal administration of this drug in skin diseases has not been very often recommended, hence it is well that we should know that Dr. H. Radcliffe Crocker (*Practitioner*, March, 1885,) considers that in the turpentines we have remedies that, while not "perfect cures," yet reduce the hyperæmia and place the patient so far on the way to recovery that a short supplementary local treatment easily removes the remains of the lesion.

He has used it in psoriasis, and in eczema. The dose of the oil is from fifteen to thirty minims in emulsion of acacia thrice daily.

For eczema, he restricts its use to those cases in which no defect in the general health can be detected—a small proportion of cases undoubtedly compared to psoriasis, which Hebra called "a disease of the healthy"—but it is just these uncomplicated cases that puzzle us as to what line of treatment is most likely to prove successful, and he thinks turpentine will help us out of the difficulty. With regard to other diseases of the skin, the evidence he can offer at present is only fragmentary, but that is favorable so far as it goes. In a case of pityriasis rubra, Chian turpentine was given in five, increasing to fifteen grain doses, three times a day, and the skin distinctly improved; but the patient, as so often happens in these cases, became so adynamic, not from the drug, but from the natural course of the disease, that other treatment had to be resorted to. Turpentine is a well-known remedy for purpura, but he has no new facts to offer on this point.

The cases in which turpentine is contra-indicated are, in his opinion, the following: children under five years old; all who have unsound kidneys, or irritable bladders; most cases in which dyspepsia is present, though in some instances it can be tolerated even then; and gouty subjects, whose powers of elimination are seldom good.

A Local Anæsthetic.

Equal parts of chloral and camphor were recommended years ago by Dr. Fordyce Barker to stop the secretion of milk, and now we note from the *Canada Med. and Surg. Jour.*, March, 1885, that before the Medico-Chirurgical Society of Montreal Dr. Laphorn Smith read a paper on the use of a mixture of about equal parts of chloral hydrate and camphor as a local anæsthetic. He stated that when placed in the solid form together in a bottle they soon produced a clear, thick liquid, which, when applied on a piece of lint, covered with oil-silk, to a painful surface, complete analgesia resulted. He reported three cases in which he tried it with good success. The first was a whitlow of the finger, which the patient refused to have opened. Shortly after applying it the pain disappeared, and three days later it was lanced and the pus let out without the patient, a young lady, experiencing any pain whatever. The second case was a very painful bubo, which completely disabled the patient, a gentleman, from doing his work. The mixture of chloral hydrate and camphor was applied frequently on a piece of lint, with the result that a few hours after the first application he was so much relieved that he returned to his duties next day, and fluctuation becoming evident a few days later, it was opened, the operation causing only about a quarter of the usual amount of pain. The third case was an operation for the removal of a large sebaceous cyst of the face, which was removed after the frequent application of the local anæsthetic for several hours previously by means of a brush. The incision in the skin was almost painless, but it produced no effect upon the deeper structures, to which the cyst was firmly adherent. The action of the anæsthetic is much less marked on healthy than on inflamed and painful skin.

The Chloroform Habit.

Apropos of this habit, which seems to be on the increase in this country, we note the conclusion of an article on the subject by Dr. A. G. Browning in the *Med. Record*, April 25. He says: "The man maudlin drunk on the meanest whiskey, however revolting, is a prince compared with such! For he *was* jolly once; the chloroform drunkard never!

"But it goes further: the process is one of thorough emasculation—death, with geometrical precision, to every function; somatic death, with no incidental solemnities, and but a shadow for final sepulture. Every physiological process,

without exception, goes down in the wreck. So surely is this so, that were I commissioned to destroy my kind—to sap their morals, dwarf their intellects, wither their physique, and estop reproduction, the habitual use of chloroform, as I have known it practiced, would leave nothing to be desired.

"I know whereof I speak; do not overdraw, nor can I think my experience wholly exceptional upon a more general comparison of notes.

"In this rambling communication I have aimed at nothing but a narration of facts—no attempt at theory or speculation. I will add here that in nearly every instance the chloroform habit has seemed to replace the appetite for drink. I mean that the craze for chloroform has developed, in nearly every case, in individuals who, though strictly temperate themselves, come of a line of drinkers more or less remote. Is this a matter of hereditary descent?—another evidence that the 'sins of the father are visited upon the children, even to the third and fourth generation?' Temperance reformers may make a note."

The Determination of Albumen in Urine.

Dr. Henry B. Millard contributes an article on this subject to the *Med. Record*, April 4, 1885, which thus concludes:

My experiments with all the substances I have used, and various reagents I have not here referred to, have numbered many thousands. My conclusions, as result of these experiments, are: That nitric acid shows 1 part of albumen in 100,000. Heat shows 1 part in 100,000, but rather more clearly than nitric acid, and in examinations of urine I often find it to show minute quantities of albumen where nitric acid does not. Tanret's test and my own test will show 1 part in 300,000; the latter test the more clearly; this precipitates fewer of the alkaloids than Tanret's.

Nitric acid and heat show almost exactly the same reaction and percentage with artificial albumen and albuminous urine. Tanret's test and my own show the reaction better in the urine than in the artificial preparation. I think, for practical purposes and ordinary clinical use, we may show with ease, by nitric acid, 1 part in 100,000; heat, 1 part in 100,000; Tanret's test, 1 part in 200,000; the phenic-acetic and potash test, 1 part in 200,000; heat showing it more clearly than nitric acid, consequently being more sensitive, and my own test showing it more clearly than Tanret's.

Heat, although somewhat more sensitive than

nitric acid, is often quite unreliable from the turbidity produced by it with mucin, and this particularly after acetic acid has been added.

Finally, there are cases in which no single reagent is sufficient, and in which, in order to determine the presence of albumen, the employment of several is indispensable.

An Inventor Protected.

It gives us much satisfaction to note that in the case of Dr. Carl L. Jensen against the firm of Keasbey & Mattison, of this city, for their alleged infringement of his patented methods of manufacturing crystalized pepsin, the Circuit Court of the United States rendered a decision protecting Dr. Jensen in his rights, and putting a stop to the manufacture or sale of his product by the firm named. Not only is this law, but we are convinced that it is justice as well. A scientific man, who, through later years, has developed a process for the production of a chemical, and then gives the process publicity through the means provided in the patent laws, should certainly reap the returns of his toil and knowledge for the limited time provided by the laws. It argues a low morality in the man or firm who would try to despoil him of this legitimate fruit of his labors and knowledge.

The Court said: "That the plaintiff's patented product, 'peptone pepsin,' is of great utility and patentable, is undoubted. The infringement is conclusively proved. The defense, that for more than two years prior to the patentee's application, this article had been exposed to sale, and second, that it had been described in certain publications, is not sustained by proof. No such article is shown to have been on sale, and no such process as employed by the plaintiff, or article manufactured by him, is shown to have been thus described.

"Pepsin had been manufactured and sold for many years, but no 'peptone pepsin,' such as this patent describes. The publications relied upon show nothing more than suggestions and speculations of scientific writers, who had never tested the practicability of their suggestions, or demonstrated the truth or value of their speculations."

Essential Oil of Camphor in Rheumatism.

The *London Med. Press*, March 11, 1885, tells us that this oil, which is now making its way into European practice, is obtained as a by-product in the process for obtaining camphor from the wood

of *laurus camphora*, and has for centuries enjoyed the highest reputation among the Chinese and Japanese as a remedy in muscular and articular rheumatism. In the process of distilling the camphor wood, the oil and camphor are carried over together into a receiving trough and separated by draining.

This oil [has been examined by R. H. Oishi, and the results of his investigation show that it consists of a saturated solution of camphor in a complex mixture of terpenes of the hydrocarbon series and oxyhydrocarbons isomeric with camphor and other aromatic bodies. Upon submitting the oil to fractional distillation that portion obtained between 180° to 185° C. was found to give figures coinciding with the formula $C_{15}H_{16}O$, and another fraction between 178°-180° C., after three distillations, upon combustion gave figures equivalent to $C_{12}H_{20}$.

In addition to combining the properties of turpentine and camphor, it possesses the advantage of being far more cleanly than the fatty solutions of camphor which have hitherto been in vogue in this country, while its low price places it within easy reach for experimental purposes. The oil is very mobile, of a dark brown color, and has a strong, but pleasant odor, between that of sassafras and camphor.

A Case of Trichinosis.

Dr. C. F. Damall, of Walnut, Iowa, writes to the *Med. Record* that he was called to see a German woman, supposed to be suffering from chronic rheumatism. She was in a typhoid condition—morning temperature, 102.5°, evening 105°; pulse 140; respiration 36 to 40. There was puffiness of the face, dysphagia, dyspnea, hoarseness, flabbiness of the muscles, pain on voluntary motion, and excessive and constant perspiration. The tongue looked like a piece of raw beef; the spleen was enlarged and painful; there was obstinate constipation, some tympanites, but no other signs of gastro-enteric irritation. The patient suffered from constant thirst, there was no appetite, and scarcely any sleep could be obtained. A diagnosis of trichinosis was made, and was confirmed after the patient's death, which occurred four days later. The woman had eaten no raw pork since coming to this country, in November, but had done so before leaving Schleswig-Holstein, in October. Immediately after eating the pork at this time, she was taken with vomiting and diarrhoea, and was sick for about a week. After that pains were felt in the flexor muscles, and in the back and neck, but only when at.

tempts at voluntary movements of the limbs were made.

Filth and Yellow Fever.

Dr. S. S. Herrick (an authority on the subject) contributes to the *New Orleans Med. and Surg. Jour.* (February, 1885,) an article on this subject, which thus concludes: "The classing of yellow fever among the filth diseases, along with cholera, epidemic dysentery, enteric fever, and diphtheria, is dangerous in directing preventive measures entirely or chiefly to filth, with disregard of apartments and fomites. The infection is more likely to survive in neglected houses than among unheeded rubbish and filth exposed to the weather outside. Narrow ideas and one-sided views are as mischievous in sanitation as in any other important business. With yellow fever, cleansing and disinfection are indispensable; but let it not be forgotten that it was certainly once foreign to these shores, and that it may again be imported without the instrumentality of filth."

Cocaine Hydrochlorate in Otaglia Due to Catarrhal Inflammation of the Ear.

In the *Therapeutic Gazette*, Dr. Henry Reder tells us that after treating a case of severe otalgia with all ordinary remedies, including the hot-water douches, leeches to the tongue, and paracentesis of the membrana tympani, without much relief, he thought of cocaine hydrochlorate. He inserted into the vial of the atomizing tube of a Codman & Shurtleff steam atomizer a four per cent. solution, and advised the patient to fill her mouth with the spray, close her lips, expand her cheeks, and so force the vapor into the eustachian tubes; this was repeated at intervals of three minutes. He then adjusted the nasal tube of the atomizer, inserted it into the external auditory meatus, and also sprayed the external canal at intervals of three minutes. After fifteen minutes from the last application the patient was wholly relieved, and passed a comfortable night.

Carbonate of Ammonia in Scarlet Fever.

Dr. A. W. Jackson, of Brooklyn, writes to the *Med. Record* (March 21), calling attention to the treatment of scarlatina first brought prominently into notice by Dr. Peart, of England. This consists in the administration of from three to seven grains of carbonate of ammonia every hour for the first day, and then at longer intervals. Purgatives are to be avoided during the early stages of the disease. The writer states that he has had occasion to test this mode of treatment, and can

endorse it heartily. In addition he employs the fluid extract of eucalyptus internally and as a gargle. When there is much exudation, a mixture of carbolic acid and iodine in glycerine is painted over the parts. In too rapid recession of the rash, Dr. Jackson applies cloths dipped in thick mustard water, or wraps the child in blankets wrung out in hot water.

Beer in the Vomiting of Pregnancy.

From the *London Med. Record* we learn that Dr. O. Rodewicz, of Orenburg, describes two severe cases of vomiting of pregnancy, where the patients in the third and fourth month vomited almost hourly, and sickness completely disappeared from the next day after the patients had commenced to drink beer.

The successful cases communicated by Dr. Rodewicz induced Dr. P. Polansky, of Nijni-Novgorod, to try beer, a glass at dinner and supper, in the case of a primipara aged 25, in early period of pregnancy, with eight to ten daily attacks of vomiting. On the first day of the treatment the patient vomited only once, after which the sickness disappeared and did not return, although the treatment was continued for only four days.

The Treatment of Chronic Hydrocephalus.

As we might expect, Dr. F. Forcheimer tells us in the *Jour. Am. Med. Ass.* (March 14, 1885), that the treatment must be symptomatic. In cases where there is much irritability, he gives opium enough to allay it. When this irritable state has disappeared, if it does disappear, he gives internally iodide of potassium, regulates the bowels, and of course tries to remove the cause. If the disease is due to uræmia, or if, in the course of a case of uræmia that you are treating, symptoms of hydrocephalus supervene, you must treat the case accordingly. He has not much faith in puncturing these cases, although it sometimes seems to give relief. He has no faith, either, in compression, for he has seen no good results from it.

CORRESPONDENCE.

Review of a Case of Cerebro-spinal Meningitis (so-called).

EDS. MED. AND SURG. REPORTER:—

That eminent physician, the author of "In War Time," in a fatherly talk to his younger brethren a short time ago, told them the report of a single case of disease was of little consequence, and advised them to take careful notes of

many cases, so as to be able to present valuable statistics. Excellent advice; but I have so often been so much benefited by well-narrated single cases, that I feel that they are often of great value to the practitioner. Allow me to mention one. Soon after I began practice, Jesse Young, M. D., of Chester county, published a case of rapid bloody infiltration of the labia, which occurred during labor, and the immediate relief given by making a long and deep incision of it. Soon after, a case occurred while I was attending a case of labor; a slash with a plunging lancet, according to his direction, did the work in a moment. I have, in many, many cases, had great benefit in emergencies from the recorded experiences of others. They were lights to guide me. The case I review is of a different kind. It is one, indeed, of little use, save as a warning against such practice.

In the MEDICAL AND SURGICAL REPORTER, June 7, 1884, is copied from the *Brit. Med. Jour.* of April 12, 1884, "A Rapid Case of Acute Cerebro-spinal Meningitis," reported by Dr. Albert Wilson. I was specially attracted towards this case, because about three months before it was published in the REPORTER, I had a case somewhat like it, though more violent in the beginning, which at first I scarcely knew how to treat, but which was finally guided to recovery. Then, when after a few months I saw this case reported, I read it carefully, and, on finishing it, wondered why Dr. Wilson published it. If it had gotten well under his steady and increasing doses of a not entirely harmless medicine, or if he had made an examination after death and had proved conclusively that his patient died from *that disease alone*—not hastened, even, by the medicine—I could have seen some use for the publication. Here is the case:

"Mr. A., aged eighteen, was in good health on February 21, 1884. On 22d, had headache in forehead and posteriorly, loss of appetite, pain in stomach, and constipation. At night, vomited green fluid, and was restless. This was the first stage"—certainly not very violent.

"At 5 a. m., 23d, he moaned, tossed in bed, and was unable to speak. At 6 a. m. Dr. Wilson found him semi-conscious, very pale, throwing his arms and legs about, and rubbing his stomach; his eyes half open, but watchful of Dr. W.'s movements; always pushed his hand away when he touched him; if offered food or drink, would knock the spoon or cup away; pulse 72; too restless for thermometer to be used. Ordered bromide ammonium, twenty grains, and ten grains of chloral every two hours. 11 a. m. Condition the same. No rigidity of muscles; resisted being fed or given medicine; moaned constantly; disliked the doctor, and was worse when his relations were present. At 10 p. m. he had had four doses of bromide (80 grs.) and chloral (40 grs.), and two thirty-grain doses of bromide ammonium, making in all 140 grains bromide ammonium and 40 grains chloral, *without any soothing effect* (italics mine). Pulse, 72; skin, cool. Restlessness and moaning had increased. This ended the second or apyretic stage."

Thus far I have abridged the case; the next I will give in full.

"February 24, 11 a. m., the third stage began.

Muscular excitement diminishing. Thumb opposed, and the hand flexed over it; the head and neck were forcibly retracted. There was no purposive resistance, although he had great difficulty in swallowing, and was very restless. Pulse 100, skin hot and dry, pupils contracted, conjunctiva injected, comatose, moaning constantly. Large quantities of urine passed involuntarily. At 4 p. m. consulted with Dr. Hulings Jackson. There was much less muscular resistance, and he swallowed quietly. Opisthotonos increased, pulse 120, temperature in axilla 103°. Optic discs normal; tendon reflex normal. Bromide was continued in 30-gr. doses, with addition of 10 grains of iodide of ammonium. At 10 p. m. coma was deeper, head more retracted; he was almost unable to swallow, but since 4 p. m. had had two doses of his medicine. Temperature 104°, pulse 120. Died at 8 a. m. on 25th."

Such is the history of the case. What shall I say of it that will be useful to the thousands of practitioners who take the REPORTER? Is it sufficient for us that we read a case like this, and then, without further thought about it, pass to something else? Does the publication of such a case do good? or, if it do no good, is it harmless? Let me answer the last question first. It does harm—great harm. Many readers—oh! how many—seeing the heading and desirous to see what the treatment of such a case is in England, look over it while comfortably seated in an easy chair in the office, and notice that bro. am. was relied on almost exclusively; that towards the last, even when the patient was dying, Dr. Hughlings Jackson, an eminent physician, sanctioned Dr. Wilson's bromide am. treatment—advised the exhibition of his doses every two hours, with the addition of 10 grains of iodide ammonium. Your readers take note of this. They had not known before that it was a remedy so strongly confided in in London; and though the patient died they resolve to try *this* on the next case of brain disease that they have. When they meet in county societies, and cerebral disease of any kind is the subject, it will be mentioned that "bromide of am. in large doses, persistently used day after day, is a remedy much relied on by the profession in London; that Dr. Hughlings Jackson and other eminent men have unbounded confidence in the bromides." So, after that, in all affections above the ears, they are ready with the great remedy. How the medicine acts, how it controls an inflammation, what proof has ever been given of its value, are not matters for consideration. "Drs. Wilson and Hughlings Jackson use it." That is sufficient. That is the way in which it is harmful. The answer to the first query is now plain. We should analyze such a case. We should show the absurdity of such treatment, let the authors of it be whom they may.

The symptoms were mild during the first day, and no medicine was given. On the next day he was not so well, and Dr. W. was called; during that day he gave 120 grs. br. am. and 40 grs. chloral. But he steadily grew worse, though even then the pulse was 72, skin cool, respiration regular. On the morning of the next day, the second of Dr. Wilson's attendance, he entered the third stage, and from the fact that Dr. Jackson, at 4 p. m., "advised the 30-gr. dose to

be continued," we are justified in inferring that they had been given steadily from the day before at 10 p. m., when the amount named above had been given. If so, then he had taken through the night after 10 p. m., and the following day until 4 p. m., when Dr. Jackson was called, 240 grs. bro. amm., to say nothing of chloral. Then the two doctors—London doctors, not country doctors in the wilds of America—continued the 30-gr. doses, and for a reason which they have not given us, added iodide of ammonium in 10-grain doses—added to the bro. Of that the poor fellow, who must have been a tough subject to stand such attacks, got two doses and could take no more: he died early next morning—just two days after he began to take that excellent remedy, under the use of which here in our State a number of women suffering from puerperal convulsions were allowed to die, who might readily have been saved as we now all know. To return to the bromide case, we find that he was given 420 grs. bromide am., 40 grains chloral, and 20 grs. iodide am., within 48 hours—no, 36 hours; for he could take no more at 4 p. m. of the second day of Dr. W.'s attendance.

Now, is that kind of treatment to be followed by us, simply because it comes from "abroad?" What could have induced Dr. W. to persist in the use of a remedy which after large doses, to use his own words, "produced no soothing effect?" Let us now inquire about the medical value of this medicine. The disease was an inflammation hidden deep in the skull. Even the favorite poultices deemed so valuable, and which are so much used in cases of pneumonia which prove fatal in a day or two, would have but small control over this inflammation, seated under the bony cranium, and in the spinal canal. I am away again from my subject. Has any one ever given proof that bro. am. is efficient in allaying acute inflammations, anywhere in the system? Have there been such positive testimonies of its value in subduing inflammation as to warrant a persistence in its use, in the case narrated, by two of London's eminent physicians, to the exclusion of all other means? Is it not amazing? Was it not unjustifiable that, when under its use the patient grew worse every hour, no other means were used?

I am not very well informed of the effect produced—the injurious effect, I mean—by such large and oft-repeated doses of any of the bromides; but as I occasionally see reports of poisoning by bromides, the bromide can scarcely be a harmless remedy in large and repeated doses. I ask your readers if they would be willing to risk taking so much in 36 hours. I have yet to learn that it is a medicine valuable to allay acute inflammations. It has been productive of great harm, taking the place, as it has often done, of valuable remedies. It was my intention to review this case and report my own—one that I treated three months before this one was reported here—in a single article; but this has grown to such length that mine must be deferred.

Conshohocken, Pa.

HIRAM CORSON, M. D.

—Why is chloroform like Mendelssohn? Because it is the greatest of modern composers.

The Debauchee's Fear of Death.

EDS. MED. AND SURG. REPORTER :—

Those who are at all familiar with the physical effects of alcohol, have often observed that in many cases those who go on what is commonly called a *spree*, and keep it up for two or three weeks, frequently manifest a pitiable fear of immediate death, and beseechingly declare that they must have alcoholic drink or they will die at once, and show by every expression of their bodies a sincerity in this manifestation, and that they are really suffering from the most intense feeling of the fear of impending dissolution. They will place their unsteady hands over their fluttering hearts, heave the most agonizing sighs, and imploringly reiterate, in the most agitated and restless manner, that they will not live an hour if they cannot get another drink. This condition of the nervous system affords the best possible example of a case of abject fear of death, and arises from the poisonous effect of alcohol upon the action of the heart. These symptoms do not usually begin before the end of the second week of a spree, and differ from those of delirium tremens.

The debauchee commences by drinking on an average fifteen or twenty glasses of beer a day, and in order to produce sleep he usually finishes his day's drinking by swallowing a half-pint of whisky at bedtime. At the end of ten or fourteen days of such drinking, feelings or symptoms of great nervousness begin to be shown. He loses his appetite, and vomits once or twice in the morning, after his night of distressed and partial sleep, and he becomes very weak and nervous; and an overpowering fear of dying fills his mind with its horrible apprehensions. His heart's action is throbbing and intermittent, and his pulse is small, weak, and irregular.

He becomes pitiable in his entreaties for more whisky, and distressing in his exclamations that he will be dead in a few hours if he cannot be relieved. He takes more whisky, but it scarcely reaches his stomach before it is thrown off again; and at the expiration of twelve hours his suffering and all his symptoms are greatly increased. Nervous trembling sets in. The pulse grows more feeble and intermittent, and the heart more irregular in its action, accompanied by a great augmentation of the fear of death; and becoming still more apprehensive of immediate death, he usually sends importunate messages to his friends to come at once to see him die, or to save him from dying.

When in this condition, the self-afflicted debauchee will, with avidity, take anything, or do anything, to relieve himself of the torturing nervousness that has taken possession of his whole system. The heart sometimes stops its agitated and overworked motion, and death suddenly ensues from heart failure; but occasionally life is ended by an overdose of some narcotic mixture which the debauchee takes to relieve extreme nervousness, and to assuage the irrepressible fear of dying. This variety of alcoholic poisoning is most often seen in the class of periodic drinkers, who have time and money in abundance to afford a full and unrestrained gratification of the appe-

tite for alcohol; and many a debauchee has died while on a spree, from heart-failure thus produced.

L. B. JOHNSON, M. D.

Washington City, D. C.

NEWS AND MISCELLANY.

American Medical Association.

(Concluded from page 602.)

Dr. J. A. White, of Richmond, read the address in the section of "Ophthalmology, Otology, and Laryngology," which was followed by the address in the section on "Diseases of Children," by Dr. J. H. Pope, of Texas. He said that there have been no special advances in the department which he represented, unless it be in the improvements in certain methods of treatment, and in remedies. A good many so-called specific remedies have been introduced, and their value cannot be determined at so recent a date. Among other advances has been the use of disinfectants. Notably among these is the bichloride of mercury. Dr. J. Lewis Smith, of New York, has called especial attention to his results from its use in diphtheria. Some of the cases which he has reported are remarkable. In some of them tracheotomy appeared almost unavoidable, but by the persistent use of bichloride of mercury the dangerous symptoms were averted.

As regards the pathology and etiology of children's diseases, there cannot be said to have been any advance. He, however, stated that in his experience a new view of the causation of rickets could be advanced. He had observed that it occurred more frequently in children who were nourished at the breast until long after the proper time for weaning than in any other class. Too long nursing then was one of the most frequent causes of the affection.

Dr. Quinby, of Jersey City, chairman of the committee, reported the following proposed amendment to the by-laws: "That a new section of medicine entitled 'Medical Jurisprudence' be established by the Association." Laid over until next year.

Dr. Toner, of Washington, chairman, reported that the Committee on Necrology had from time to time reported to the journal, thus obviating the necessity of making an extended report to the Association.

AMENDMENTS TO THE BY-LAWS PROPOSED LAST YEAR.

On motion by Dr. Eugene Smith, of Detroit, the amendment proposed by Dr. Carl Seiler, to divide the section in Ophthalmology and create a section in Laryngology, was taken from the table, and after some discussion, was postponed indefinitely.

The amendment proposed by Dr. von Klein, of Dayton, Ohio, with reference to a *higher grade of medical education*, was, on motion by Dr. Toner, in the absence of the proposer, laid upon the table.

The following resolution, offered last year by Dr. Cochran, of Alabama, and which he wished to have construed as a proposed amendment to the by-laws, gave rise to a brisk discussion, and

finally, on motion by Dr. Murphy, of St. Paul, was laid upon the table.

"Resolved, That it is the sense of this Association that it is not expedient for the Nominating Committee to nominate any of its own members for any of the offices of the Association."

A vote of thanks was tendered by the Association to the entire profession of New Orleans, and particularly to the Committee of Arrangements, who have by their attention and kindness enabled the members to enjoy so thoroughly this meeting of the Association. Also, to Dr. and Mrs. T. G. Richardson, Mr. and Mrs. Cartwright Eustis, and the New Louisiana Jockey Club, all of whom have added greatly, by their hospitality, to the enjoyment of the Association.

Dr. M. H. Henry was announced as a delegate to the British Medical Association, and it was further resolved that other members desiring to become delegates could be elected by the vote of the president and permanent secretary.

The President-elect, Dr. Brodie, was then introduced, and accepted the trust in a few words of appreciation of the favor.

The retiring President, Dr. Campbell, thanked the Association for their consideration and assistance during the session just ended.

The meeting then adjourned.

Avoidable Illness.

The *London Lancet* very truly says that if men were to reflect upon the amount of illness, not to mention other evils, which they bring upon themselves, a total which ever increases with their self-development in civilization, they would sometimes question the reality of a progress which includes so many errors. Even if we leave out of sight the known results of faulty practice, there is still a large margin of what seem to be anomalous mishaps, which day by day are shown to have had an acquired and avoidable beginning. It is always satisfactory to get at the root of these unaccountable flaws, especially when they nearly concern one's personal health. Their removal is then usually assured, and our former discomfort or dread is covered with the satisfaction of enlightenment and of remedial success. Trade-work has at all times illustrated, and does still continually illustrate, the truth of these remarks. Let us grant all that is due to its energy and enterprise, and still the value of its productions is heavily discounted by errors which are not only due to oversight or ignorance, but often to neglect. In so far every one will admit the need of correction. By way of example, consider the case of staining and its applications. We showed a short time ago that some of the aniline dyes in the market, from whatever reason, were found to possess poisonous properties, and to be unfit for dyeing articles of dress. Further evidence has not been wanting to confirm those observations. Another and older enemy of health, arsenic, has never been extirpated, but shows its front among us from time to time. Cases of poisoning by arsenical wall-papers have been reported quite recently. The symptoms described, it is true, did not include the gravest possibilities, but chronic and intermittent ill-health was proved to depend upon the presence of a highly-colored paper con-

taining much arsenic. Mere color, we would add, however, is no test of quality in this respect. The most innocent-looking hues may be arsenical, and, conversely, the same tints may be had without any such poisonous mixture. Undoubtedly, the only guarantee for safety is to be found in the discontinuance of this or other similarly hurtful substances as dyes in dwelling houses. While there is any doubt about the matter, no custom in decoration can be safer or better than that of distemping walls, and afterwards oil-painting them with some plain color.

Swallowing Artificial Teeth.

From the Vienna correspondence of the *Lancet*, we learn that two cases of the above nature have lately been treated in the wards of Prof. Billroth. A woman, living near Vienna, swallowed during the night of January 28th an artificial set of teeth, which she omitted to remove from her mouth before retiring to rest. All endeavors to extract the plate from the oesophagus, where it lodged, failed until she came under the care of Prof. Billroth, who removed the foreign body by oesophagotomy. Symptoms of commencing gangrene of the oesophagus appeared, and a fatal result was feared. A part of the operation wound had been left open for the insertion of a drainage-tube as far as the stomach, and the entire wound covered with iodoform gauze. After a lapse of eight days the drainage-tube was removed, and in another week the wound had closed. The patient is now (March 19) perfectly well; stricture did not occur. The second case was that of a girl aged nineteen, who swallowed a set of teeth during the night of February 14th. All endeavors to extract the plate were vain. On admission to hospital the foreign body could distinctly be felt in the oesophagus. On the following morning the largest sound could easily be introduced, and Professor Billroth decided to perform gastrotomy about three centimetres below the edge of the ribs on the left side. Through an incision in the stomach he tried ineffectually to reach the foreign body with the finger; he then drew out almost the whole of the stomach, but without discovering the object of his search. Although it was improbable that the plate had passed the pylorus, he enlarged the wound in the abdomen and explored the abdomen with his hand, but again without success. Only that part of the stomach remained to be searched which is fixed to the spleen. Here Prof. Billroth, introducing his other hand, found the body lying flat against the wall. The stomach was sewn up, put back, and the wound in the abdomen was likewise closed. The patient is already able (March 19) to take liquid nourishment.

Filippo Pacini.

In the *Lancet*, January 31, 1885, we read as follows:

Amongst the anatomists of this century few have established a clearer title to lasting fame than did the discoverer of the Pacinian corpuscles. One of his attached pupils, Dr. Aurelio Bianchi, has just published in *La Medicina Contemporanea* a life sketch of the distinguished histologist, with the welcome promise of a complete

biography, based on original documents. Filippo Pacini was born on May 25, 1812, at Pistoja, a town of about 12,000 inhabitants, eighteen miles from Florence. He was one of a numerous and poor family, and was destined by his parents for the church. But he soon exhibited a strong liking and aptitude for the natural sciences, and worked indefatigably in the dissecting-room and in the hospital. Pistoja could not then boast of a microscope, and Pacini constructed one, with a wooden tube and a system of lenses of his own arrangement. Examining the tissues with this rude instrument, he discovered the structure of the corpuscles with which his name is identified. He soon received an appointment to teach microscopy in the University of Pisa, and later on in the school of Florence; but while foreigners were profuse in his praise, the majority of his countrymen appear to have done him scant justice. It was only in 1862, when the celebrated physicist Matteucci became Minister of Public Instruction, that Pacini was supplied with microscopes and teaching apparatus, for which he had hitherto applied to the authorities in vain. His researches on the minute structures of the retina and on the electric organ of the torpedo are well known; and we recently gave an illustrated abstract of the researches on cholera, in which the Italian delineated vibrios closely resembling, if not identical with, the comma bacilli of Koch. Pacini died at Florence on July 9, 1883, according to his biographer, surrounded by only a very few devoted friends, and harassed by the envy of many detractors. This is a charge which we hope may not be sustained by the evidence of the promised complete biography. It is pleasant to recall that Pacini had one great enjoyment in his beautifully situated laboratory and study. They looked on to a lovely little garden at the rear of the great Florence Hospital, a place where a worker imbued with the true philosophical spirit might treat present envy with indifference, while calmly waiting the unerring judgment which impartial time awards to intrinsic merit.

Pennsylvania Railroad Precautions Against Cholera.

General Manager Pugh, of the Pennsylvania Railroad Company, has issued a circular to the employees on all of the lines of the company containing instructions with a view of guarding against cholera. The circular states that while disinfectants will be supplied by the company, there is no disinfectant so effective as cleanliness, both of body and surroundings. All the property of the corporation is to be kept scrupulously clean. The floors and closets of passenger cars are to be washed at least once a week with a disinfectant. Freight cars should be cleaned before departure, and all refuse matter which cannot otherwise be disposed of must be burned. Special attention is to be given water used for drinking and washing purposes. Wells near dwellings should be avoided. No garbage or rubbish—a source of disease—is to be permitted to remain near the water-supply.

Among the disinfectants suggested for use are the "P. R. R." preparation, sulphate of iron or copperas, the residue from the ordinary telegraph

battery mixed with common salt and ice. The order provides that if at any time a case of infectious disease is found at a station, in a passenger car or elsewhere on the company's property, a physician shall be immediately sent for. The car should be removed from the train as soon as practicable, the doors locked, and it should not again be used until it has been fumigated.

The Doctor's Wife.

We believe that the practice is not altogether unknown in this country of a doctor's wife prescribing for patients in the absence of her husband. For the instruction of such persons, we quote the following from an English exchange:

"A somewhat interesting legal action is reported in a recent number of the *Glasgow Herald*, in which a widow lady tried in the sheriff's court to recover \$250 in respect of injuries to her health from a medical man, which injuries were alleged to have been produced by medicines prescribed and applied in the absence of the medical man by his wife. It was sought to show that in this case the wife was the agent of her husband, and that he was responsible. The injuries alleged were salivation and its consequence, due to a quantity of mercury prescribed by the defender's wife. The defender denied that the powder given contained anything unusual either in quantity or quality, and, while admitting that his wife occasionally assisted 'in the shop' in his absence or that of the assistant, denied that his wife had any authority to prescribe. He argued that the pursuer (plaintiff) took the risk of the suitability of the powder. The Judge, in giving judgment in accordance with this view of the case, dismissed the action, and found the pursuer liable in expenses. Most people will agree with this judgment. It would be absurd to think that any sane person could conclude that a doctor could delegate prescribing powers to his wife. At the same time the case may serve as a useful warning to good wives, who abound in the medical profession, in the absence or agency of their husbands, to be, if not 'wise as serpents,' at least 'as harmless as doves.'"

State Medical Society of Louisiana.

At the annual meeting held in New Orleans, April 21, 22, and 23, the following papers were read:

"Report of the Committee on State Medicine," by Dr. E. S. Chaillé. "The Mission and Methods of Medicine," by Dr. R. H. Day. "The Blameless Physician," by Mr. W. H. Goodale. "Hemorrhagic Malarial Fever," by Dr. I. J. Newton. "The Neutral or Alkaline Saturation Plan of Treatment in Malarial Irritation and Idiopathic Fevers," by Dr. L. L. Holcomb. "A Rational, Common-sense View of Therapeutics," by Dr. Ashton. "The Relationship of the Teeth to the General System," by Dr. A. G. Friedrichs. "The Nature of the Continued Fevers of Louisiana which Resist Quinine," by Dr. Rudolph Matas. "Inversions of the Gravid Uterus," by Dr. Ashton.

The following officers were elected for the ensuing year:

President.—Dr. Samuel Logan, of Orleans.

Vice Presidents.—Dr. E. S. Lewis, Dr. C. J. Bickham, Dr. T. J. Woolf, Dr. A. A. Lyon, Dr. William Kelly, Dr. O. P. Langworthy.
Annual Orator.—Dr. H. D. Bruns.
Place of Meeting.—New Iberia.

Fainting.

A timid person sees, perchance, some accident in which human life is possibly sacrificed, or the sensibilities are otherwise shocked. His feelings overcome him, and he faints. How are we to explain it? Let us see what takes place. The impression upon the brain made by the organ of sight creates (through the agency of special centres in the organ of the mind) an influence upon the heart and the blood-vessels of the brain. This results in a decrease in the amount of blood sent to the brain, and causes a loss of consciousness. In the same way persons become dizzy when looking at a waterfall, or from a height, through the effects of the organs of sight upon the brain.—DR. A. L. RANNEY, in *Harper's Magazine for March*.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, for the week ended April 25, 1885.

Sawtelle, H. W., surgeon, when relieved, to proceed to Detroit, Michigan, and assume charge of the service. April 23, 1885.

Urquhart, F. M., passed assistant surgeon, to assume charge of Cape Charles Quarantine Station. April 23, 1885.

Williams, L. L., assistant surgeon, when relieved, to proceed to Norfolk, Va., for temporary duty. April 23, 1885.

Items.

—In 1876, the number of medical students matriculated in Paris was 1,924; in 1883-84 the number was 5,386.

—Dr. Hulbert, of St. Louis, stated at a meeting of the St. Louis Medical Society that he had salivated five patients with a bichloride solution (1 to 3,000), given as a vaginal douche twice a day. (There must have been an unusual susceptibility, or a mistake in compounding.)

—To the Medico-Chirurgical Society of Montreal, Dr. Smith showed two small calcareous masses about the size of half peas which had been expectorated by an old man having senile catarrh. He has been expectorating four or five of these daily for the past eight or ten years.

—Chinoline, one of the most actively antiseptic agents at our command, has been utilized as a local application to diphtheritic membrane. It may be used in combination with glycerin. Donath reports very favorable effects from its use upon the local manifestations of the disease.

—The phonograph, hitherto a scientific curiosity only, is to be utilized by Dr. Zintgraff, of Bonn, who has taken one of these instruments in his African expedition. His intention is to bring home "phonograms" of the savage dialects, by getting the natives to speak into the apparatus.

—Dr. W. J. Gray has informed the Microscopical Society of London that some years ago he tried

balsam of tolu for mounting specimens, but found that it was open to objection on account of the formation of crystals. Mr. C. H. Kain, who recommended its use, has tried it again, and the slides are already full of crystals. The objection, therefore, is serious.

—As the best remedy in burns, Dr. Altschul recommends the following salve:

Bolus albus,	
Olive oil,	aa 3j.
Goulard's extract,	3v.
Iodoform,	3ij.—3iv.
Inf. succas.	

—According to the experience of a correspondent of the *Chemist and Druggist*, an excellent cement for broken mortars may be made by rubbing up calomel with strong mucilage, and using the mixture as in ordinary cases, letting the joint become thoroughly dry. A mortar so cemented was, after some years' wear, still sound enough for ordinary purposes.

—In order to settle the relations of the commabacillus to cholera, two Italian gentlemen offer, through the *Deritto*, a newspaper of Rome, "to eat such a quantity of gelatine containing the microbe as a scientific commission may judge sufficient to determine the development of cholera, upon condition only that their names be absolutely incognito, and that in case of their death the government or some rich philanthropist take charge of their families."

—It is related that a certain German maiden once presided at a mineral-water fountain, at which there were only two kinds of syrup—vanilla and lemon. To her came a young man and said:

"I want a glass of soda without syrup."

"Ya," replied Katrina; "boot vot kind of syrup you vant him mitout—mitout vanilla or mitout lemon?"

—One of the great drapery houses of Paris is selling at eight cents each little linen bags for baths, described as "Bain savonneux à l'extrait de son," a sort of oatmeal soap bath. The bag contains altogether about half a pound of a perfumed mixture of bran, meal, and powdered soap. On wetting and pressing, a good lather is produced, as well as a soft pad for rubbing the body.

—Dr. Guy Hinsdale, of Philadelphia, records, in the April issue of *The American Journal of the Medical Sciences*, a case of pernicious anæmia, occurring in a male aged twenty-two, extending over more than two years, and terminating in a normal blood count, and full bodily vigor. This adds one more to the list of cases which justify us in having a slightly more hopeful view than we have heretofore commonly entertained of this dangerous malady.

—A bill has been introduced into the Ohio Legislature, under fair prospects of passing, which provides that children under twelve years of age shall not be employed in mines or manufacturing establishments. The bill also prohibits the employment of children in public institutions, such as houses of refuge and workhouses, for more than six hours a day. Firms and business corporations are also required to furnish the females in their employment with suitable seats

when not necessarily engaged in the active duties of their business.

—The Kentucky State Medical Society will hold its third annual session at Crab Orchard Spring, Ky., on Wednesday, Thursday, and Friday, June 24, 25, and 26, 1885, commencing at 2 p. m., on Wednesday, June 24th. Reduced hotel and railway rates have been secured. Gentlemen desiring further information will address Dr. Edward Alcorn, Chairman Committee of Arrangements, Hustonville, Ky.

—Dr. J. M. Perkins, of Grove Spring, Mo., sends to the *Med. Record* an interesting report of a case illustrating the possibilities of conservative minor surgery. A boy, aged seven, was riding on a wheat-driller when the second phalanx of his index-finger caught in the cogs and was completely extirpated. Dr. Perkins removed the lacerated tissue, adjusted the first and third phalanges together, dressed the finger with tobacco leaves, and it healed rapidly, giving him a good finger.

—From the *Pharmaceutical Record* we learn that "antichlor" is the name usually applied to any article that will neutralize the baneful effects of an excess of chlorine, as in bleaching processes, etc. The chemicals mostly used are sulphite, hyposulphite, or bisulphite of sodium, as they at once combine with the chlorine; and the addition of a small excess of carbonate of sodium to some of the substances used as an "antichlor" causes the compound to be readily soluble and wash out of the goods. The removal of all excess of chlorine in bleached goods is necessary, as its presence rapidly destroys the strength of the fibre. Probably the best substance as an "antichlor" is bisulphite of sodium.

—Doctor—"Well, how is your ague now?"

Patient—"Worse and worse. I've had the shakes awfully every day."

"I can't understand that. Did you take the medicine I prescribed?"

"Yes; but it did no good. Do you know, doctor, I think that medicine might do good if I took it before the shakes came on instead of after."

"Why, of course; that is what I directed."

"It did not say so on the bottle."

"Consarn those druggists! What was on the bottle?"

"Shake before taking."

—Paper bottles are now made on a large scale in Germany and Austria. The paper must be well sized, and is composed as follows: 10 parts of rags, 40 of straw, 50 of brown wood-pulp. The paper is impregnated or coated on both sides with 60 parts of defibrinated blood, 35 parts of lime-powder, and 5 parts of sulphate of alumina. After drying, ten or twelve rolled leaves are coated again, placed over each other, and then put into heated moulds. The albumin of the blood forms a combination, on pressure with the lime, which is perfectly impermeable to spirituous liquors. These bottles are made in two pieces, which are joined afterwards.

Personal.

Dr. Judson Daland has removed to No. 319 South 18th street Philadelphia.